

THE MEDICAL AND SURGICAL REPORTER.

No. 1576.]

PHILADELPHIA, MAY 14, 1887.

[VOL. LVI.—No. 20.]

ORIGINAL DEPARTMENT.

LECTURE.

AN INTRODUCTORY LECTURE ON INJURIES AND DISEASES OF THE URETHRA.

BY G. FRANK LYDSTON, M. D.,

Lecturer on the Surgical Diseases of the Genito-Urinary
System and Venereal Diseases in the College of
Physicians and Surgeons, Chicago, Ill.

Reported by WILLIAM WHITFORD.

GENTLEMEN: I shall direct your attention this morning to the consideration of the injuries and diseases of various kinds that affect the male urethra, and before considering these morbid conditions, I would like to say something about the general management of cases of urethral or genito-urinary diseases, whether they be acute or chronic, inflammatory or neurotic, or simply irritative in character. The first consideration in the treatment of affections of the genito-urinary tract is the condition of the urine. Normal urine is more or less acid, but the exact degree of acidity, which is physiological, would be difficult to determine. It varies in different individuals, varies with the diet, the amount of physical exercise taken, and with the condition of the genito-urinary organs. The acid urine is always more or less irritating to the mucous membrane in all acute or inflammatory affections of the genito-urinary apparatus, and it is the correction of this acidity that chiefly demands our attention. In every case of genito-urinary disease in which there exists irritation or inflammation, the first indication is to neutralize the normal acidity of the urine; or better, to make it slightly alkaline if possible, by internal medication, regulation of

the diet, and attention to vicarious elimination of the products of retrograde metamorphosis. Neutral or faintly alkaline urine is much less irritating to the inflamed mucous membrane than the normal secretion. A very peculiar fact in connection with the consideration of the irritating properties of the urine in inflammatory troubles of the genito-urinary tract is, that even in those chronic cases of cystitis in which the voided urine is strongly ammoniacal, alkaline remedies are beneficial. The acid urine, as it comes down from the kidneys, irritates the bladder; the excessive secretion of mucus thereby induced produces fermentation of the urine, and this fermentation results in ammoniacal decomposition. Thus the primary source of the irritation is the acid urine.

It produces irritation of the mucous membrane, and thereby enhances the existing inflammation and excessive secretion, this being followed by urinary decomposition. The primal indication therefore is to give proper remedies to lessen acidity, and thus allay the irritation and inflammation. There are various medicinal agents that act upon the urine and render it alkaline, the best of these being the citrate and acetate of potassium. These combinations of alkaline salts with the vegetable acids are especially useful for producing alkalinity of the urine, in the surgical diseases of the genito-urinary organs, or, at least, neutralizing its acidity, and may be given in doses of from ten to twenty grains three to five times daily.

Another important consideration in reducing the acidity of the urine is attention to diet. I presume that no patient can take a non-nitrogenous diet for any length of time without causing more or less alkalinity of the

urine. A typical diet, although not entirely non-nitrogenous, is bread and milk; milk is mildly alkaline in its reaction, and when taken in large quantities, providing the patient takes no meat, will produce a neutral or faintly alkaline condition of the urine. My own practice, in all inflammatory troubles of the genito-urinary tract, is to confine the patient to a strictly bread and milk diet; this being my first prescription in cases of gonorrhœa, cystitis, prostatitis, etc. I have met with many cases of acute gonorrhœa in the dispensary that I have treated exclusively by a bread and milk diet, and the administration of the acetate of potassium, and with no other remedies than these, the inflammatory symptoms have subsided quite promptly. It is my custom to give astringents or balsams in appropriate cases, after the acute symptoms have begun to subside, but I would not advise treatment which is in the least apt to prove stimulating, for the first week or two after the beginning of a gonorrhœa, and I think that you will find that if you put all your patients with acute inflammations of the bladder or urethra, upon a bread and milk diet with simple diluent remedies, they will almost invariably do well. I have even seen chronic cases recover completely after the suspension of all astringent and balsamic preparations by the patient subsisting, for a few weeks, entirely upon bread and milk.

Another important point is, that we must pay strict attention to the skin and bowels. If these emunctories do not act properly, the kidneys must necessarily be called upon to act vicariously, thus rendering the urine more irritating. One of the primary indications therefore, is to increase the secretion of the skin, and thus remove the waste material which would otherwise render the urine extremely acid. This is especially necessary in patients of a rheumatic or gouty diathesis, who eat and drink to excess. The skin and bowels may be stimulated by very simple remedies. The Turkish bath is useful in increasing the action of the skin; while such simple laxatives as the compound licorice powder or any of the saline mineral waters, are sufficiently powerful to keep the bowels active.

Another indication of the treatment of inflammatory troubles of the genito-urinary organs is the maintenance of perfect rest, but with the majority of patients suffering from such diseases this is a difficult thing to accomplish, as patients do not, or will not, understand the importance of it. A patient will come into your office with a clap and

expect to be cured while he is going about attending to his business and social duties; and in deference to professional custom, and a desire to retain the patient, you will usually be compelled to treat him as best you may, while he is on his feet and actively exercising, when, as a matter of fact, he ought to be taking rest, or even put to bed for eight or ten days. I do not say that it is always absolutely necessary or practicable for him to lie in bed, but such a course is certainly indicated in the majority of cases, and you can always instruct your patient to keep just as quiet as possible, and to avoid walking about a great deal, or taking undue muscular exercise during the time he has the acute inflammation. In cases of inflammation of the prostate or bladder, you will very often be compelled to place your patient in bed for a greater or less length of time. I have had cases of acute and chronic prostatitis come under my notice that have been treated in every conceivable way without benefit, and which have only been cured after two or three months in bed. A little while ago I was consulted by a physician who was suffering from a prostatitis of five or six months' standing, that had been treated by nearly all known methods at the hands of a number of eminent practitioners without apparent benefit; I at once ordered him to bed, with instructions to keep perfectly quiet. The treatment consisted entirely of alkaline remedies and counter irritation to the perineum, with an exclusive diet of bread and milk. This course was persisted in for several months, and resulted in a complete recovery. Whenever a case of chronic trouble of the bladder or prostate comes into your hands, if you will follow the plan of putting the patient to bed, and thus compelling him to take the necessary rest, he will invariably be much benefited. You must remember that a patient can hardly move, and certainly cannot take a step, without irritating the inflamed prostate and bladder. The prostate in cases of acute inflammation will sometimes be as large as a small orange, and under such circumstances the slightest motion of the thighs will cause mechanically more or less pain and irritation. In addition to this, the perpendicular position will tend to cause congestion and irritation of the inflamed organ, and, as a result, increase the inflammation. It is not only the necessity of physical rest that we must impress upon the minds of our patients, but we must try and secure sexual rest as well. This is of necessity quite difficult to accomplish. A patient

with a broken leg is compelled to take rest—indeed, he cannot move without being punished for his indiscretion; his leg is bandaged and bound in splints, thus rendering movement of the broken limb well nigh impossible. A patient suffering from pneumonia has his chest swathed with hot poultices, thus insuring rest to the inflamed lung. Even in genito-urinary diseases physical rest is comparatively easy of accomplishment, and the patient may often be kept in bed as long as the physician deems necessary. Unfortunately, however, it is much more difficult to keep the patient's thoughts diverted from his sexual organs, which unlike the broken leg or inflamed lung, may be irritated through the medium of the mind. Very many of the morbid conditions affecting the sexual apparatus are due to reflex sexual irritation through the medium of the mind. Very often the patient reads a great deal of literature of a more or less stimulating nature, or allows his mind to dwell upon sexual affairs; and as a consequence the sexual organs are never at rest. I suppose, moreover, that every unmarried man suffers more or less from sexual starvation. The male sex has no monopoly in this respect, for unmarried women suffer from the same difficulty. Only a few days ago a young lady consulted me for this trouble. She informed me that she was annoyed continually by extreme sexual desire, or as she expressed it "excitement." The young lady was intelligent, well educated and refined, and was aware that she had some obscure trouble of the uterus which might account for her ailment. She was averse to an examination, but I concluded inferentially that she had some inflammatory affection of the uterus or ovaries which was causing reflex excitement or sexual hyperæsthesia. She stated that she was greatly annoyed by peculiar, quivering sensations about the uterus, attended by emissions of a fluid of some kind, and occurring daily. You are probably aware of the physiological fact that women do not have emissions during intercourse; what they really have is an excessive secretion of the mucus which normally lubricates the genital tract, and this mucus constituted the "emission" in this instance. I mention this case simply to demonstrate to you the fact that it is not alone the male sex which suffers from sexual starvation, though women are not so liable to understand the true situation as men. A great many females know that there is something the matter with them, but they do not ascribe the trouble to its real source, which is no more nor less than sexual

starvation. Hysteria, melancholia, hypochondria, and a great many other nervous conditions in women, may result reflexly from irritation of the sexual apparatus, and irritation of the uterus and ovaries may result from the instinctive physiological craving with which every woman, however pure, is endowed. It may not be recognized, but the necessity for a proper performance of sexual function exists in every adult human being. No man or woman at adult age is in a perfect physiological condition until the sexual function is naturally and regularly performed. It is not merely the sexual act, viz: the orgasm and discharge of semen in the male, or the orgasm and reception of semen in the female that is essential to the relief of this condition, which has been termed "sexual starvation," but there should rightfully be a physiological purpose in the performance of the procreative function, and this is never accomplished except in the matrimonial state. The sexual appetite of the average man, after two or three years of married life, becomes less active, and, after a while, he ceases to think of his sexual organs to any great extent; in fact, he does not usually concern himself any more than he worries about the function of his bowels or bladder, hence he lives contentedly, as far as his sexual organs are concerned, and performs his family duties in very much the same perfunctory fashion that he goes to stool. Modern society, unfortunately, imposes conditions which render sexual excitement without gratification very common. A young man and woman go to a ball, and while under the emotional influence of the music they squeeze each other more or less in the various figures of the dance, and however pure in mind they may be, these things tend to excite and stimulate their sexual organs, when there are no legitimate means of gratification; the young man, perhaps, is reluctant in popping the question for the simple reason that he considers matrimony too expensive, while the young woman is debarred from taking the initiative by social custom. Literature of a romantic character is even worse than the dance in its exciting effect upon the generative organs of both sexes.

Now, there are ways and means of preventing the injurious effects that are caused by this sexual stimulation without gratification, but fornication is not one of them, for the fear of evil consequences alone will certainly render such a course decidedly unphysiological. Masturbation only serves to make matters physically worse, to say nothing of its demoralizing effects. If I

were asked what I considered the best moral educator for the young man, I should say the gymnasium. You might think, perhaps, that physical improvement would cause the patient to become more active and amorous in a sexual sense; this, however, is not true. The most amorous man is not always the most vigorous one. The man who studies hard, or who is engaged in an intellectual occupation that fosters an excitable state of the nervous system and exaggerates nervous sensibility, is apt to be more intemperate in his sexual relations than the hard-working laboring man. You notice, however, that the laboring man is generally the one who has the most children; it is not the individual who copulates most. The man who copulates the least is usually the one who is best fitted for procreation, because he is, from a sexual point of view, the most energetic. It is a cardinal rule that over-excitement of any function will cause a loss of power. It is quite generally known that the male population of the Orient become impotent at an earlier period than any other race of men, on account of their free indulgence of their sensual appetites. The men and women alike suffer from premature old age on account of excessive sexual indulgence, conjoined with a life of indolence and ease. The man who indulges in sexual intercourse most frequently in his youth is the one who will be most likely to become impotent or sterile when he reaches middle age. This holds true with all peoples the world over. I am very often consulted by men approaching middle age, who complain that they cannot copulate as frequently as they used to, and who ask for remedies wherewith to whip up the jaded steed. To such patients I say: "You are paying for your early excesses, and you cannot expect to do sexual duty as often as you did when but eighteen or twenty years old." This answer, by the way, seldom satisfies them. A great many patients will come to you complaining of real or imaginary sexual exhaustion, spermatorrhoea, or premature old age, and you must know what to say to them. If you do not understand the physiological conditions involved in these cases, you certainly cannot treat them satisfactorily either to your patients or yourselves.

As I have already stated, we may alleviate excessive sexual irritability and desire through the physical system, by giving our patient an occupation which will necessitate muscular exercise, and thus divert his superfluous nervous energy in the direction of the muscles. We may also benefit him through

the medium of the mind. We should keep him busy with some occupation which will serve to divert his thoughts from the sexual organs. Literature of an exciting or prurient nature, and association with fast women, must be forbidden. Good literature and the society of refined ladies are, however, a *sine qua non*. If the individual can see the way clear to get married, it is a good thing for the physician to advise, irrespective of the patient's confidence in his ability to perform the matrimonial act; for impotency in the average young man is a myth, and, as a rule, he is capable of doing as much damage as the next one.

I had a very peculiar experience with one of my young gentleman patients. This young man came to me some time ago complaining of a loss of sexual power, and said that he was engaged to be married, but as he no longer had erections in the morning, he doubted his capacity to perform the marital act, and was naturally much worried about his prospects. I treated him for several months, and with apparent success. He was married in due time, but soon after he sent his wife to see me to ascertain why he could not complete the sexual act. Much to my amusement, I found that she was affected with vaginismus from urethral caruncle. After proper treatment of this condition, things moved on quite serenely. As a rule, your patient will do well, and it is perfectly safe to advise him to get married, if you find the testicles and penis are in a perfectly healthy condition, and he is physically sound in other respects. Marriage is a cure for most of the sexual defects and complaints of young men, and once your patient is happily married, you will hear no more complaints until the babies commence to demonstrate the success of your prescription.

Having presented to you the preliminary subject of genito-urinary and sexual hygiene, I desire to say a few words about the injuries which are occasionally inflicted upon the urethra. We may meet with wounds and contusions of the urethra in any portion of its extent. Contusions and wounds of the pendulous portion of the urethra, however, are rare. It is a rather difficult matter to catch the pendulous portion of the penis in such a way as to damage it, on account of its mobility and varying anatomical relations. Notwithstanding this peculiarity, injury of this portion of the canal occasionally results from falls or blows. It is more apt, however, to occur from unskillful surgical interference. The urethra may be lacerated, contused or incised. We may have a sim-

ple slit in the urethral wall which will result in a fistula of the penile portion of the urethra. We may have extensive extravasation if the urethral walls are injured to any marked degree, and this may be followed by suppuration—in fact it is peculiarly liable to do so, because we have more or less cellular tissue which becomes infiltrated with the urine, and this is apt to result in decomposition with inevitable abscess. If an abscess should occur, it would burrow itself in different directions and cause loss of tissue substance and a consequent urinary fistula. In the case of the deep urethra, we have entirely different conditions, for in this region wounds and bruises are easily produced. Injuries in this region are characterized by gravity both immediate and remote, for whenever a man falls astride a wheel or receives a kick of sufficient gravity to produce injury of the mucous membrane, the accident will almost invariably be followed by organic stricture. An injury of sufficient severity to produce hemorrhage will inevitably be followed by stricture. We have the same resultant morbid conditions and injuries of its pendulous portion, but they are more grave as regards the life of the individual; they are, however, not so strong as regards the danger of the formation of a fistula. The tissues surrounding the deep urethra are thick and dense, and circumstances are favorable to the formation of the granulations which are necessary to the closure of any opening in the canal. In the pendulous portion of the urethra the walls are thin, consequently any loss of tissue will produce a permanent fistula, and a plastic operation for its closure is generally called for. On the other hand, it is in the deeper portion of the canal that extravasation is most likely to produce serious loss of tissue substance, from the fact that there is a large amount of cellular tissue in this location, which is very prone to break down and form sloughs. In any case of injury of the deep urethra, no matter how slight it may seem, the patient is quite apt to have a stricture, and should be so informed.

I now wish to call your attention to the management of these cases. As a consequence of an injury to the urethra, there is likely to be considerable swelling from extravasation of blood; the swelling may be due to this alone, or in part to secondary inflammation. A simple inflammatory swelling may close the urethra completely, even where the extravasation has been quite limited. Whatever the precise condition may be, there results complete retention of

urine. Your first impulse on seeing such a case would probably be to pass a catheter; if, however, you pass such an instrument you are liable to make a false passage; you may tear open the urethral walls by the introduction of the catheter, and you thus cause the very thing you hope to avoid, *i. e.*, extravasation. As a word of warning, I would say that in these cases of extravasation of blood with retention you should never pass a catheter unless it becomes absolutely necessary. First try anæsthetics, the hot bath, or morphine, any or all of these antispasmodic agents being indicated, and if they fail to afford relief to the retention, you may try to pass a small soft catheter. If you fail to pass the catheter try a small filiform bougie, and if you succeed with this pass an open end soft catheter over it. Subsequent to relief of the retention, it is necessary to pass instruments from time to time to prevent an otherwise inevitable traumatic stricture. If the urine cannot be drawn off with a catheter, the proper procedure is to make a free median incision in the perineum for the purpose of relieving the retention of the urine, and, at the same time, curing the consequent traumatic stricture. You will always prevent stricture in these cases, if you keep the urethra open properly by the introduction of sounds. Do not be afraid to use the knife in these cases, for the tissues infiltrated by the urine will serve as a focus for pus formation, and prolonged suppuration is apt to cause death from asthenia, to say nothing of the danger of pyæmia or septicæmia. It is a safe rule, therefore, to make free incisions and apply proper antiseptic dressings in all injuries of this character. Where extravasation of urine exists free incisions are absolutely necessary.

In conclusion, I wish to call your attention to the close similarity which exists between the sloughing which results from extravasation of urine, and that produced by cellular erysipelas in this locality. It is hard to say which is most destructive, and most likely to cause secondary sepsis or asthenia. The poison of the rattle-snake is hardly more destructive to connective tissue vitality. The same treatment is proper in both, *viz*: free incisions, drainage, antiseptics, general and local and free stimulation.

810 Opera House Block, Chicago.

—About eight thousand dollars has been raised for a monument to Marion Sims. It will be a standing figure in bronze, and will be erected in Central Park.

COMMUNICATIONS.

DIAGNOSTIC VALUE OF TUBERCLE BACILLI IN SPUTA.*

BY DR. H. M. FUSSELL,

Of Philadelphia.

In looking over the literature relating to this subject, I have found but few writers among Americans, while the foreign journals of 1883 and 1884 contain numerous articles pertaining to it. At that time the subject was new, and it might be objected that the writers in those years were carried away by the glamour of the subject. That objection, at least, cannot be made to an article written now, five years after Koch's discovery, and more than four years since its application to the examination of sputa.

Without exception the writers spoken of above agree that, as a diagnostic sign of phthisis, tubercle bacilli found in the sputa are of the greatest practical importance.

Heron (*Lancet*, February 3, 1883,) examined sputa from 62 cases, and found bacilli in all but 3. He comes to the conclusion that "the presence of the bacillus of tubercle in sputum is sufficient to fix the identity of certain cases of diseases."

West (*Lancet*, February 25, 1883,) thinks bacilli in sputa may be of diagnostic value in some doubtful cases, but generally they are in confirmation of what is made plain by physical signs.

Williams (*Lancet*, February 24, 1883,) examined 130 specimens of sputum. 21 cases were of various diseases other than phthisis, asthma, bronchitis, etc.; 109 cases of various forms of phthisis; 106 of the 109 cases contained bacilli.

Sée is a firm believer in the diagnostic value of tubercle bacilli in sputa.

Dreschfeld examined 46 cases in which physical signs were marked, and 3 doubtful cases—2 with no physical signs, 1 with an apex catarrh only. He concludes that tubercle bacilli in sputa are of the greatest diagnostic value, but of no prognostic value.

Dicht found bacilli in sputa of all of 12 cases of phthisis.

Heron (*British Med. Journal*, April 28, 1883,) found tubercle bacilli in sputa of 116 cases. In the majority of cases there could have been no reasonable doubt because of the physical signs, but in a few cases where bacilli were found there were but few physical signs.

Marchiafava and Celli are quoted in the *London Med. Record*, of January 15, 1886, as having found Koch's bacillus in sputa of 15 cases of phthisis, in 1 case of slight catarrh of apex, and in one case of hæmoptysis without signs. They failed to find it in 6 cases of chronic bronchitis and 1 case of syphilitic inflammation.

Negri and Pinolini (*London Med. Record*, January 15, 1886) diagnosed phthisis by the examination of sputum, and confirmed the diagnosis by subsequent physical examination.

Voblyi (*British Med. Journal*, 1883,) found tubercle bacilli in sputa of all of 35 cases of phthisis. No tubercle bacilli were found in 18 cases of various other lung diseases. In some of the cases of phthisis the physical signs were at first meagre, but became more evident after a time.

Dreschfeld (*British Med. Journal*, February 17, 1883) examined sputa of 3 cases of hæmoptysis without evident physical signs of phthisis. Tubercle bacilli were found in all the cases.

Prudden (*N. Y. Med. Record*, April 14, 1883) examined 58 specimens of sputa. Tubercle bacilli were present in 46 cases.

Austin Flint, Sr., says the results of the examinations of various specimens of sputa for tubercle bacilli satisfy him that bacilli in sputum may be relied upon as proof of the existence of tuberculous disease.

If repeated examinations made with sufficient care show the presence of tubercle bacilli, the diagnosis of phthisis is positive; and, on the other hand, if on repeated and careful examinations tubercle bacilli be not found, phthisis may with much probability be excluded.

"I venture to predict that the time will soon come when, in order to corroborate the diagnosis and as the hinge on which the diagnosis will turn in certain cases, microscopical examinations of the sputa will be considered as much a matter of course as examinations of urine for evidence of renal disease."

My personal observations as set forth below confirm the above opinions, and enable me to reaffirm that the presence of tubercle bacilli in sputa is diagnostic proof of the presence of tuberculous phthisis. In the examination of my cases I used a modification of Gibbe's method suggested by Prof. Wm. Osler.

The sputum was spread as thinly as possible on a clean cover-glass, allowed to dry in the air, and passed quickly two or three times through the flame of a spirit lamp. The cover-glass was then immersed in solution of magenta, manufactured by Beck & Co., and

*Philadelphia County Medical Society, stated meeting, April 27, 1887.

allowed to remain fifteen minutes after first slightly heating. It was then decolorized in alcohol, acidified with hydrochloric acid (four or five drops to a watchglassful of alcohol), and examined under a moderately high power.

In this manner the whole proceeding can be done in less than half an hour. If bacilli were not found by the rapid method, however, the glasses were allowed to remain in magenta over night, and then examined as before. The power used at first was Hartnack No. 9 immersion, afterwards 7 objective, 4 eyepiece. Lower powers may be used, however, by one perfectly familiar with the bacillus. I have used a Zentmayer one-fifth with A eyepiece.

The sputa from 100 cases of lung disease were examined.

For convenience, we may divide these cases into two classes, I. and II.

Class I. contains 84 cases. The sputa of all of these cases contained tubercle bacilli.

Class II. contains 16 cases. Tubercle bacilli were *not* found in sputa from any of these cases.

Each of the above classes may be subdivided:

Class I.

Subdivision A contains 79 cases in which there were evident physical signs of phthisis.

Subdivision B contains 5 cases in which there were few or no physical signs of phthisis. The diagnosis was made by the presence of bacilli in the sputa.

Class II.

Subdivision C contains 8 cases in which phthisis was *not* suspected from the physical signs, and no bacilli were found.

Subdivision D contains 8 cases in which the physical signs led to a suspicion of phthisis, but the absence of tubercle bacilli and the subsequent history proved it to be absent.

It is in such cases as those of subdivisions B and D that the presence or absence of tubercle bacilli in the sputa is of such practical value, and it will be well to take these cases in detail, referring the more curious to the summary attached for an account of each case.

We will first give our attention to the five cases under subdivision B, or those in which the physical signs did not warrant a diagnosis of phthisis, and in which tubercle bacilli were found, the subsequent history proving the correctness of a diagnosis of phthisis made after examination of the sputa.

Case 17. (Summary.) Thomas R., aged forty-one, of good family history. Cough, hectic, and loss of flesh for eight weeks. Physical signs at first examination were entirely inadequate to base a diagnosis of phthisis upon. Examination of sputa at second visit showed the presence of myriads of tubercle bacilli. Afterward, consolidation at right apex developed. The case ran a rapid course, and death took place within the year.

Case 25. (Summary.) May C., aged twenty-one. Both parents dead of phthisis; cough, hectic, loss of flesh. Examination of throat showed the presence of a polypoid growth. Physical signs were inadequate to base a diagnosis upon, though there were some signs of congestion at right apex. Examination of sputa showed numerous tubercle bacilli. Rapid consolidation took place; death in eight months at the Episcopal Hospital.

Case 18. (Summary.) Annie W., aged thirty-five. Husband died of phthisis six months before patient came under observation. She was suffering from extreme dyspnoea and cough. Oedema of feet, having had an attack of general oedema some weeks previously. Examination of chest showed a mitral systolic murmur. The heart was beating very rapidly. The symptoms were attributed to the heart lesion. No signs of consolidation could be found after careful examination. On examination of the sputa it was found loaded with tubercle bacilli. She was admitted to the University Hospital; gradually failed, her chills and fever becoming more marked. Repeated examination of sputa always showed bacilli; finally, signs of consolidation at right apex developed.

Case 20. (Summary.) Mrs. R. Cough, slight expectoration, meagre physical signs. A few tubercle bacilli found. Eight months have passed since the first examination. In the meantime the woman has become pregnant, and her health has improved, though the cough still remains. January 17, 1887, child born; cough returned, sputa reexamined, bacilli found. More evident signs of consolidation at apex.

Case C. (Summary.) Mrs. H. Good family history. There was an attack of pneumonia three years ago. Since then health has been gradually failing. Now there are cough, hectic, loss of flesh. Slight consolidation at left apex. This woman was taken for consultation to one of the first diagnosticians of the city. The consolidation was recognized, but the case pronounced one of a probable catarrhal character. The sputa

from this case was afterward given to me, and myriads of tubercle bacilli found. April 21, the case has grown rapidly worse, and death is expected daily.

As was stated in the history of these cases, the physical signs did not warrant a diagnosis of phthisis. The examination of the sputa was made because the cases were doubtful and interesting, for the sake of making the diagnosis. Though no better in these instances for the patient, it was a comfort to the physician as a diagnostician when the histories proved the correctness of his diagnosis of phthisis.

No less interesting and instructive than the above are the eight cases coming under Subdivision D, where the history and physical signs gave a strong suspicion of phthisis. No bacilli were found in any case, and complete recovery took place in five of the cases; two became much better, and one died of the results of an acute, and, as I claim, croupous pneumonia.

Case 14. (Summary.) John C., aged sixty-six. For four months there had been cough, hectic, sweats, and loss of flesh. There were signs of consolidation at right base. Under treatment the lung cleared up and the man made a good recovery. Repeated examination failed to show bacilli.

Case 1. (Summary.) William R. Family history of phthisis. Cough, some loss of flesh, hectic. Consolidation at left base. No bacilli were found. Under treatment lung cleared up, and one year afterward returned to the dispensary entirely well of lung trouble.

Case 3. (Summary.) Walter L., aged twenty. Good family history. Cough for one month. A sudden, rather profuse hemorrhage. There were slight fever and signs of congestion at left apex. No bacilli were ever found. One year afterward no return of trouble, and seems perfectly well.

Case 8. (Summary.) Alma N., aged twenty-five. Uncle died of phthisis. Cough, with slight loss of flesh for three months. The left apex dull, full of mucous râles, prolonged expiration. No bacilli found after repeated examinations. The lung cleared up, cough stopped, and one year after patient seemed perfectly well.

Case 6. (Summary.) K. H., aged thirty-five, with a good family history, had an attack of pneumonia eighteen months before she came under observation (declares she was perfectly well before). Since then has had cough, hemorrhage, hectic, loss of strength but not of flesh, copious expectoration. On examination a large cavity was found at right apex. Repeated careful examinations failed

to show tubercle bacilli. This patient remained under observation for six months, and was in about the same condition as at first. This must have been either a cavity due to breaking down of lung following pneumonia, or, as Professor Flint suggests, one in which the tubercular process had become cured or was dormant.

Case 7. (Summary.) A girl, aged seven. Perfectly well until ten weeks before she came under observation. At that time she had an attack of what was apparently acute pneumonia of the right apex. She did not rally. The lung broke down, and at the time she was seen there was a cavity at right apex. The patient died from exhaustion four weeks after. No bacilli were ever found in sputum.

Case 2. (Summary.) Man, aged twenty-nine, with a family history of phthisis. Had an attack of hæmoptysis in the fall of 1884; during that winter severe cough and loss of flesh. There were physical signs of consolidation at left apex. No bacilli were found after careful and repeated examinations. The man gradually improved, and now, April, 1887, is apparently well, though there is still some dullness at left apex; he is able to work and does not complain.

Case 15. (Summary.) Sallie K., aged twenty-nine. Good family history. About one month before she came under observation began to have cough, fever, pain, rapid loss of flesh. She was found in bed, emaciated, slight fever, 101° F., extreme dyspnoea, diarrhoea, and presented the picture of one in advanced phthisis, indeed such had the case been pronounced. I found but few physical signs. There was consolidation at left base, however. Repeated examination failed to show bacilli. Under vigorous treatment the patient revived and now is perfectly well. Evidently a case of neglected pneumonia.

Of the 79 cases belonging to Subdivision A there could have been no reasonable doubt of the existence of phthisis, basing the opinion on the physical signs present. Tubercle bacilli were found in each case.

Subdivision C contained 8 cases, 2 of chronic pleurisy and 6 of chronic or subacute bronchitis. The sputa from each case were repeatedly examined and no bacilli were ever found.

As most of the cases reported were taken from my service at the University Medical Dispensary, and as dispensary cases, as a rule, are not long under observation, it is impossible to draw any positive conclusions from these cases as to the relation between

the bacillus and prognosis in phthisis; but in cases 17, 19, and 77, which ran a fatal course within a year, and in cases 31, 33, 37, 39, 48, 56, 76, 96, which were examined near to the time of death, tubercle bacilli were unusually abundant. Especially was this the fact in case 56, which was examined about ten days before death. In conclusion I wish to acknowledge my indebtedness to Prof. Osler, to whom I owe my knowledge of the *technique* of the work, and to Drs. John H. Musser, of Philadelphia, and R. R. Bunting, of Roxborough, for opportunity given to examine sputa of their cases.

DISCUSSION.

Dr. Osler said: I think that the importance of the tubercle bacillus in the sputum as a means of diagnosis is not sufficiently recognized by the profession. The technical skill required is not very great, and the time required with the rapid methods of staining is not more than fifteen to thirty minutes. I have succeeded in demonstrating the bacillus within five minutes of the time that the sputum was put upon the slide. This examination is particularly serviceable in just those cases where the evidences of disease are very slight. Only within the past few weeks there was in the University Hospital a man without any pulmonary signs, who had been failing in health and had slight fever. The condition was attributed to some obscure abdominal disease. Finally a suspicion arose that there might be some trouble with the lung, and the sputa were examined and the bacilli found. The signs of phthisis have since developed. The power required for these examinations, as Dr. Fussell says, need not be very high.

TYPHLITIS AND PERITYPHLITIS.

BY T. C. SMITH, M. D.,

Of Aurora, Ind.

Inflammation of the cæcum is of sufficiently frequent occurrence and adequate gravity to merit our serious consideration and careful study. As far as we know, the literature of this disease is not very old. Students a generation or two ago rarely heard of the distinctive title of Typhlitis or Perityphlitis; but though it occurred then as it does now, it was classed with fecal obstruction, or peritonitis, or peritoneal abscess.

It is now well known, however, that inflammation of the walls of the cæcum does occur, and even of the peritoneum of the right iliac region also, without producing general peritonitis; and though this circum-

scribed disease is serious, and tends to terminate fatally, it is less fatal than general peritonitis.

Typhlitis may be simply catarrhal, or an ulcerative inflammation may attend it from the inception of the morbid action. At first it is local, and involves only the intestinal tissues. But there is a decided tendency to spread to the peritoneum. Thus a typhilitis, pure and simple at first, is very liable, by extension of the disease, to become the more serious perityphlitis, and even extend to the cellular tissue of the abdomen.

The ætiology of these diseases is of great practical interest. First and notably stands the anatomical relations of the cæcum to the functional duties it is expected to perform. Its peculiar and rather pendant relations render it an easy place for the collection of fecal masses, foreign bodies, seeds of fruits, biliary calculi, and undigested food. Indeed, impacted feces, or the lodgment of foreign bodies in the cæcum or appendix vermiformis is but too often the exciting cause of an attack of typhlitis which may end fatally. Such accumulations or lodgments are favored by the peculiar anatomy of the cæcum. Constipation, therefore, in a secondary sense, becomes an ætiological factor in this disease. Mechanical injuries causing typhlitis are not rare. One case that came under my notice, about 1872, was, I think, caused by mechanical violence. Another was caused by a strain resulting from a slip while turning in a path. Another was caused by being thrown from a buggy. Another was, I suspect, caused by a strain in lifting. It is readily produced by blows, as from a plow handle, from a ball, or by a kick.

It is frequently caused by exposure to cold, and is lighted up by a common diarrhoea or entero-colitis. One of the severest cases that ever fell to my lot to manage was in a lad of ten years that had first contracted a severe cold while coasting in the snow; this was followed by an attack of cholera morbus and then by typhlitis. It may also be caused by the use of irritating ingesta, by seeds of fruit, as cherry or plum pits. One case related, as I remember it, by the late Dr. Fries, of Cincinnati, was apparently produced by an apple-seed lodged in the appendix vermiformis—a case of great severity, too, resulting in extensive abscess. One attack renders the subject quite obnoxious to subsequent attacks. One case I treated five times for attacks of this disease. Any considerable freedom in diet or efforts at boyish sports, horseback riding, or exposure to cold,

seemed to bring him down with perityphlitis. He had the last attack, of which I have any knowledge, while attending a medical college in Philadelphia in October, 1876, during which there was suppuration, the abscess opening externally. The lad above referred to was several times threatened with an attack subsequent to the first. Another case coming to my notice in practice had frequent attacks after the first one, which was set up by mechanical injury. A case now in hand has a similar history of repeated attacks. In my experience males are more obnoxious to it than females. This is perhaps due to their greater exposure to cold and mechanical causes.

The pathological anatomy of this disease need not be gone over here, as it is just such as is usually found in cases of inflammation of the bowel and peritoneum, with the variations of ulcerations and abscess in some cases.

The symptomatology is interesting. To diagnose the disease early in an attack gives great advantage in the treatment. One will not meet many of these cases before he will discover that it is not easy in every instance to differentiate between it and simple fecal obstruction at the ilio-cæcal valve early in the attack, or possibly from intussusception. In one case that I saw there was obstruction at the ilio-cæcal valve from a large biliary calculus found after death. The diagnosis was obscure throughout the case. At first there is local pain and soreness more or less acute at the head of the colon. Generally a distinct tumor can be outlined in thin persons. It may not always be felt in persons who are obese. There is a distinct exacerbation, with increased frequency of pulse. Nausea appears early, and a feeling of severe prostration. If the disease arises from an entero-colitis or diarrhoea, the symptoms arise secondarily, and are more severe, but less prominent at first, being obscured by the complications present. There are two distinct varieties: the one catarrhal, the other ulcerative. The symptoms in the former may be more abrupt and severe at the outset, but those of the latter continue the most severe later, and do not yield to treatment as readily, and are quite liable to light up peritonitis, to produce suppuration, perforation, and death, or at best a long tedious course before recovery. The prognosis in the catarrhal type may be said to be fairly good. In the ulcerative variety it is always serious, often very grave. If the case demands opening of the abdominal cavity to remove pus, or a foreign body, then of course it is serious,

but may recover. If an abscess opens into the peritoneal cavity, recovery will rarely occur. If it open externally, or into the bowel, recovery may usually be expected in good subjects.

The treatment should in some measure be prophylactic. It is not wise to allow extreme constipation, nor the swallowing of fruit pits that are large, like that of the cherry or plum, or that have firm, large seeds, like apples or melons. They readily lodge in the appendix vermiformis, and set up ulcerative inflammation. But the prophylactic treatment should be most closely observed by those who have been the subjects of one attack. There is a very marked disposition to renewed attacks when once these tissues have been the seat of typhlitis. A large proportion of the cases I have met with or treated have been subject to one or more subsequent attacks. Two cases had each two attacks; one had six or more. In another the subsequent attacks were only prevented by very great care in diet, rest and exercise. I have not yet seen a case where the attack was ever renewed after suppuration has occurred. Where one attack has occurred, any severe mechanical violence is liable to cause its return, such as violent exercise, or labor, or horseback riding, also imprudence in diet or constipation will be quite likely to cause a recurrence at any time within five to eight months after an assault of this disease. To avoid these causes is therefore always wise, until a year has elapsed after being the subject of this affection. The active medicinal treatment, as it seems best to me, consists in anodynes to control the severe pain, a blister, large and free, over the point of inflammatory action, remedies to control nausea and vomiting when present, or diarrhoea when too free. On the other hand, if there is obstinate constipation, the bowels should be freely and easily moved. When there is an accumulation of hard feces in the head of the colon and typhlitis is present, it must be removed if possible by any reasonable means, for as long as it remains in that location it can do nothing but aggravate the inflammatory process by acting as a foreign and irritating mass. We should be very careful in our selection of a cathartic in such a case. One should be chosen that would produce, not full and scarcely softened passages that will, before ejection, be moved along the colon in almost solid mass, but one that will soften the dried, impacted lump, thin it down as much as possible, and induce its ejection in as easy a way as possible. I know of

nothing that comes any nearer filling these requirements than our common sulphate of magnesia. It is not best, however, to give it in these cases in full free doses all at once, but place an ounce or two ounces in a half pint of water, and give of this a tablespoonful once an hour, or oftener, until it acts. I have never seen any harm, but always good, from this method in cases of typhlitis. In a case recently seen in consultation with Dr. A. L. Loudon, of Wilmington, Ind., this method seemed to act very kindly, and was followed by considerable relief of the most distressing symptom. Shall we use hot or cold applications? If the temperature is very high, use the latter. But I have found only benefit from free blistering in most of the cases I have seen.

It often occurs that nausea and vomiting will interfere with the administration of remedies by the mouth. If needful the anodynes and nourishment can be given usually per rectum. Thus one can combine the anodyne with peptonized beef tea, or can add the bisulphate of quinine if needed. The salts above referred to, can also be used per rectum, and will act as kindly as if given by the mouth, quite as soon and as thoroughly.

I have not yet met with a case where I thought operative procedure needful, unless it may have been the first case I treated. In that instance there was free suppuration that discharged per rectum. Some, as Dr. Gurdon Buck, have recommended early incision where there was evidence of the formation of matter, with a view to be rid of the pus, and prevent danger or death from its discharge into the abdominal cavity. In some cases it is well to operate, and remove pus or any foreign substance that is acting as a mechanical irritant; but it is a nice point to be able to correctly decide just when to use the knife and when to abstain. There is always great risk in opening the abdomen; this alone may cause death. It is well, therefore, "to be sure you are right" before you "go ahead."

REPORT OF A FATAL BURN.

BY BYRON F. DAWSON, M. D.,
of Rochester, Ind.

About 9 o'clock on the morning of April 6th, in the absence of the regular township physician, I was called to attend Alice S., aged 21, an insane inmate of the county poor asylum, of plump form, robust constitution, well nourished, and of previous good health, who two hours before had accidentally ignited her

clothes from the stove in the corridor, while given her freedom to eat breakfast. She was perfectly harmless, except as pertained to her own clothing, of which for some time she had completely stripped herself; later, however, she was induced to wear a cotton flannel skirt and a drilling dress by keeping her in a straight jacket, with arms tied behind; these she had on at the time, but wore no underclothes nor shoes.

With her clothes on fire, she walked out of the jail into the yard, and was found sitting on a stone, leaning against the building. A second inmate of the asylum discovering her, protected her head with his coat, and a third dashed a pail of water upon her.

Upon my arrival I found the patient had been transferred to her own bed in a cold room, without any attempt at keeping her covered. She appeared like a maniac, writhing and biting her own hand and forearm, calling "Give Allie one"—the only words she has used in the past fifteen years. I ordered the patient removed to a warm room. Upon examination the following conditions were found: Patient entirely naked except a small portion of the dress waist remaining on the shoulders and neck, covering the scapular, supra-scapular and supra-mammary regions. All the rest had been burned on the body, and this remnant was blackened and charred. The entire body was found burned to the extent of the first four (chiefly 3d and 4th) degrees of Dupuytren's classification, except these small areas: right half of face, back of neck, right shoulders in supra-scapular region, back of hand, soles of feet, and middle third of the back down to the lumbar region; hair was singed. Front thorax, abdomen, and front of thighs were burned to a crisp. Over the greater portion of this vast area the cuticle had been removed by her rolling on the bed before my arrival. Excessive thirst.

At once administered $\frac{1}{4}$ gr. morphia sulph. hypodermically, and used a warm lotion of sodii bicarb. (3ss. to Oj.) over the entire burned area, then anointed the body and limbs with petrolatum. Repeated the injection at 9:30, and again at 12, the patient becoming restless in the meantime. Opium by the mouth was desirable, but hypodermic medication was necessary, as the patient would drink nothing but water from a tin-cup. Directed that the patient be given all the cold water she desired.

3 p. m.—Patient under influence of morphia, but when called would rise on her elbow and appear unusually bright, then take a drink of water, and at once relapse into

profound slumber in whatever position she then remained. Pulse small, weak, rapid—could not be counted. Commencing anasarca. Hypodermic injection of $\frac{1}{4}$ gr. morphine at 4:30 p. m. Has had two attacks of vomiting.

Patient died at 9 p. m. of same day, without recovery from shock. Body in state of emprosthotonos, but from the evidence of the attendants I conclude that tetanus was mild. Rigor mortis occurred within one hour (before the body was "laid out"), and was so intense that extensive laceration occurred in the groin in attempting to confine the body in an ordinary coffin 18 hours after death. No post mortem was held.

At the age of six years the deceased had cerebro-spinal meningitis, sequelæ of which were insanity and aphasia, previous to which the child is said to have been possessed of ordinary intelligence. Some years ago she was severely burned on the abdomen and thighs, which nearly proved fatal, and caused a disfiguring cicatrix. The patient was able to feed herself with her toes when confined in the straight jacket, and had a somewhat extended reputation for her wonderful feats of climbing.

Erichsen says: "In many cases of extreme burn the patient suffers no pain, although perfectly conscious. This is a very grave sign, indicating the severest shock." Whether or not this is true could not be definitely determined in this case, but the superintendent of the asylum says that previous to my arrival this patient was no more restless, and made no more noise than was usual with her, but her actions were certainly maniacal when I arrived. No hope being entertained for her recovery, the large and frequently repeated doses of morphine are explained in the desire to render the patient wholly insensible to pain, that death might be easy.

This case is deemed interesting because of the extent of the burn and the mental condition of the patient.

MEDICAL CASES IN THE COURTS.

BY HENRY A. RILEY, ESQ.,
Of New York.

MEDICAL CONTRACTS.

There was a recent case in the New Jersey Court of Chancery, on the interesting question whether a physician could make an agreement such as to prevent him from ever practicing medicine in a certain locality. It appeared that a physician, intending to be absent from the city of Newark a considerable time, employed another to attend to his

practice, but fearing his patients might be lost to him when he resumed his practice, he secured the signature of the attending physician to this agreement: "In consideration of this contract made with him by the said * * * the said * * * hereby covenants and agrees not to engage in the practice of medicine or surgery in the city of Newark at any time hereafter." The employed physician did, after the termination of his engagement, begin practice for himself in Newark, and suit was brought to prevent him from doing so. The answer was that the agreement was an unreasonable one, and was in restraint of trade and void in law.

The court held that the claim was correct, and an injunction should not issue to prevent the physician from practicing for himself.

The main ground for the decision is that the agreement covered too long a period of time; it might be many years after the death of the physician who was supposed to be benefited. On this point the reasoning of the court will be interesting. The judge said: "The fault imputed to the covenant is that the restriction which it imposes is to endure for an unreasonable period of time—for a much longer period than will be necessary for the protection of the complainant. It interdicts the defendant, it will be observed, from practicing medicine or surgery in the city of Newark at any time hereafter. The restraint covers the whole period of the defendant's life, and if an injunction is awarded enforcing the covenant according to its terms, the defendant can never at any time thereafter practice his profession in the city of Newark, though the complainant may the next year or even the next month after the injunction issues lose his life or his reason, or remove to another field of practice. Under such circumstances the injunction would give no protection to the complainant—he would need none; and the only purpose the injunction could serve would be to causelessly oppress the defendant."

ANTE-MORTEM PROBATE OF WILLS.

The question of ante-mortem probate of wills is up again in the New York Legislature, a bill having been introduced in the Assembly. The plan of allowing a person to prove his will while alive, and thus prevent the charge of mental incapacity after his death is a desirable one, if practicable, but it is doubtful if it can be made to work. Comparatively few people will try it, and as has been the case in Michigan, it is probable that a short trial will result in its repeal.

MEDICO-LEGAL ASPECTS OF HYPNOTISM.

Some recent experiments in hypnotism in Paris open up a very extensive medico-legal field of investigation, and suggest possibilities which are most startling. Persons were experimented with, and when they were sufficiently under the influence of the operator they were induced to sign promissory notes, and in one case to execute wills. The person who signed the note was perfectly conscious of doing so, and wished the document prepared with all the proper legal technicalities; she did not, however, know whether she had received the money mentioned in the note or not. The broad field here opened up for possible imposture is most appalling. If an expert in hypnotism, who is also a scoundrel, could induce persons to execute perfectly legal documents and promises to pay, and then attempt to enforce them, it might be exceedingly difficult to present any legal defence to actions based on them. Take, for instance, the case mentioned of the person signing the note: she knew after she was relieved from the hypnotic influence that she had signed the note, but the fact of the receipt of the money was not known, or perhaps it might be more accurately stated that she did not know whether she had received it or not, and did not know whether she had put it away or not.

The opportunity for fraudulent claims is a most inviting one to the accomplished scoundrel, and yet it must be said that there is a new defence made possible to many actions. A person can now admit the making of some obligation, and yet attempt to avoid its effect by pleading the hypnotic condition when making it. This defence might possibly prove as successful as the insanity plea in murder trials.

HOSPITAL NOTES.

CHARITY HOSPITAL, NEW YORK.

Stenosis of Larynx—Intubation.

By John J. Reid, of New York.

The case here recorded is of value in demonstrating the great advantage of intubation in stenosis of the larynx.

Dr. Joseph O. Dwyer, after perfecting his laryngeal tubes for use in the croup of children, turned his attention to laryngeal stenosis in the adult, and reported two cases in the *New York Medical Journal*, June 5, 1886.

The following case makes the third on record as far as I am aware: J. K., aged

22, entered hospital May 1, 1886, and stated that four years previously he contracted a cold which was accompanied by hoarseness. He had been under observation at a dispensary, but, from his statement of the case, had paid little attention to his disease. He steadily became worse, and on admission to hospital there were hoarseness, cough, and dyspnoea at night. He gave no direct history of syphilis, but there was a necrosis of the hyoid bone which could be readily made out on examination of the throat. From the orifice of the sinus leading to the necrosed hyoid on the right side, there was ulceration which extended around the base of epiglottis, and down towards the vocal cords.

The cords had only limited motion. There was no marked dyspnoea on entrance to hospital, but by degrees it became pronounced, especially at night.

September 20. A small tube was introduced, but coughed up after 21 hours. The dyspnoea was relieved in the meantime.

September 21. A large tube was retained for 24 hours.

September 22. A still larger tube was inserted, and was coughed out after one-half hour.

No tube was introduced for several days to mark the effect. It was found that the dyspnoea was much relieved at first, but gradually disappeared.

September 29. A still larger tube was introduced, and retained for 18 days, when it came out whilst the patient was sitting up.

During the wearing of the tube there was no special discomfort complained of, regardless of the fact that the shoulder of the tube rested on an ulcerated surface of the larynx above the vocal cords. There was no marked improvement in the voice. Dyspnoea did not return until December, when there was slight evidence of it.

December 15. Introduced the same tube for 24 hours, when it was removed with an extractor.

The benefit then obtained was continued till the patient left hospital to resume work as a cigarmaker. He has not reported since, and the inference is that he has suffered no serious trouble up to the present date, April 30, 1887.

—The students of the University of Paris numbered nearly 11,000 last year. Of these, 3,786 were studying law, and 3,696 were studying medicine, while only 35 were studying theology. The female students numbered 167.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, April 27, 1887. H. Augustus Wilson, M. D., in the chair.

Dr. G. Betton Massey read a paper on

A Rheostat, for the Utilization of Incandescent Lighting Currents in Medical Practice; also a Cheap, Permanent Galvanic Battery.

The new building of the Orthopædic Hospital having been recently furnished with an incandescent lighting plant for which wires were laid throughout the edifice, I determined to make use of the same current in the treatment of patients in different parts of the house, in place of that derived from ordinary galvanic batteries. To do this, it was necessary to use the current as it was delivered to the lamps in full strength from the entire secondary battery, as the many wires necessary to the use of a cell selector were out of the question. The electromotive force of this current is only 60 volts, which is about equal to the full strength of an ordinary gravity battery of 60 cells, or of a Grenet battery of 45 cells. It is readily seen, therefore, that I had merely to choose a rheostat or resistance medium that would be efficient with the full strength of any good chemical battery. The wire rheostat was rejected for the double reason that it was expensive, and did not admit of delicate gradations; and the water tube, because it would have to be long to be efficient, and with the rod pulled up would be awkward in use.

The rheostat exhibited to you to-night is free from all of these objections, and is, as you see, an exceedingly handy instrument. It consists merely of a broad line of pencil mark on roughened glass extending around the greater part of a circle.* One end of this broken circle of pencil mark is connected with a terminal of the battery, and the circuit is completed by a circular switch which makes contact with the pencil mark by means of a small metallic wheel. A greater or less length of plumbago is thus included in the circuit with ease, and this material thinly spread out being a poor conductor, a great range of resistances is obtained. In connection with the rheostat, a milliamperemeter must always be used, the hand being on the rheostat and the eye on the meter. With this rheostat and a

meter attached to a battery, all cell selectors may be dispensed with, and the whole battery used simultaneously and evenly. The instrument before you has been constructed by Mr. Flemming, and is elegantly mounted with the meter on a ward table for use at the bedside. Connection with the mains is made by thrusting a plug attached to the table into receptacles in the base boards near each bed in the wards and beneath the lamps in the private rooms.

I have also to show you to-night a new galvanic cell devised by myself for use in a permanent cabinet or shelf battery. Its chief advantages are: the cheapness of the materials used, its freedom from local action and creeping salts, and the long intervals that it will run without being touched. It consists of a zinc rod, such as is sold for use in the Leclanché cell, clasped by rubber bands to a carbon rod, and resting in a saturated aqueous solution of chloride of ammonium and bichromate of potassium. The carbon rod is one of those used in arc light lamps, and, like the zincs, is both plentiful and cheap, one carbon rod broken in half serving for two cells. The containing jar is an ounce quinine bottle, such as sold by Powers & Weightman. Before attaching the wires to the carbons by winding and twisting, as shown in one cell, or by the pin-and-hole arrangement, as shown in another, the tops of the carbons must be treated with boiling paraffine to prevent interstitial creeping. The elements are kept about half an inch apart by blocks of soft rubber. The permanence of the cell is greatly improved by greasing the inside of the necks of the bottles and covering each with a piece of thin rubber to prevent evaporation. Sixty cells give a strong and reliable battery, and I would estimate the electro-motive force at fully a volt per cell. The total cost of the materials is only twelve cents per cell.

DISCUSSION.

Dr. C. Seiler said: Some months ago Dr. Massey called my attention to the form of rheostat which he has presented to-night, which was a modified form of one exhibited by Dr. Jacobi at the meeting of the American Neurological Society, three years ago. Looking up the subject, I found that a similar contrivance was suggested by Professor Philips, in the *Philosophical Magazine*, 1870, No. 46, page 41. He shows that such a rheostat will not answer for accurate measurement, as moisture and other conditions affect the resistance in the course of a few days. For medical purposes, however, this variation

*A straight pencil-mark rheostat was shown by Dr. Jacobi to the American Neurological Society in 1885.

is so trifling that it does not amount to much. The only objection that I can see to this instrument is that the current has to leap from one particle of plumbago to another, for, with the microscope it will be seen that the particles do not join each other. I am now trying to arrange the rheostat so that the plumbago will be continuous.

Dr. Massey said: The apparatus described by Dr. Jacobi was straight instead of circular in form. The failure of the instrument to record the same amount of resistance on different days is of no importance, as we must rely upon on the milliamperemeter to register the strength of the current. It is entirely unnecessary to graduate these current controllers in any way, as their only use is to vary the strength without shock. In reply to Dr. Seiler's remarks about the current leaping from particle to particle, I would remark that all the effects of the currents traversing these pencil marks, show that they do not differ from other continuous currents through any other media. The objection to a graphite line that would be continuous under the microscope, is that it would not present enough resistance to be of service.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, April 27, 1887.

T. Mitchell Pruden, M. D., President, in the chair.

Anthraxis Pulmonum.

Dr. Peterson presented the lung of a man sixty-seven years of age, a laborer in stove-works. The room in which he had been employed contained an atmosphere loaded with carbonaceous matter and fine sand. This he had inhaled for thirty-one years. His wife said that he had suffered from a terrible cough. Death took place suddenly when he was walking in the street, and the autopsy revealed the cause to be fatty degeneration of the heart. But the point of interest in the case was the condition of the lungs, which were nearly the color of coal throughout; the fresh-cut surface stained the finger black. There were lobules converted almost completely into fibrous tissue filled with carbonaceous matter. In one lung was an abscess the size of a hazelnut. There were numbers of men working in the same room, all of whom suffered from some pulmonary trouble.

Renal Calculus.

Dr. I. Van Gieson exhibited a large white kidney containing a calculus in its sinus.

The calculus was 5 cm. long, 1 cm. in diameter, and had two branches each about 1 cm. in length, which extended into the calyces.

Phosphorous Poisoning.

Dr. Van Gieson also presented specimens from the body of a man who died four days after drinking water containing phosphorus. There was slow respiration and jaundice. The autopsy showed fatty degeneration of the heart and parenchymatous degeneration in the kidneys. Mucous membrane of the stomach was nearly normal in some places, in others there were erosions. In some parts the cells on the surface and those in the follicles were swollen and granular. In the duodenum the epithelium of Brunner's glands was swollen. The cells of the pancreas were swollen. The cells and mucous glands of the trachea were swollen and granular.

The case was a typical one of phosphorus poisoning, but it contained two interesting features. One was a very limited area occupied by miliary tubercles, they being found in only one of the bronchial glands. There were no tubercles elsewhere. In the course of time the patient might have developed general tuberculosis. The other point of interest related to hemorrhages from the lymph channels in some of the cervical glands.

The President remarked that this was one of several cases in which he had seen actual fat droplets in the liver cells after phosphorus poisoning. He was disposed to think that the old distinction between fatty degeneration and fatty infiltration was not borne out by experience.

Diphtheria.

Dr. Brothers presented a part of the air-passages of a child nineteen months old, which had died of diphtheria. When Dr. Brothers first saw the child it was suffering from croupy breathing and developing cyanosis. There was limited consolidation of the lung. No false membrane was visible. An O'Dwyer tube was introduced into the larynx. This relieved the impending symptoms of suffocation, but the patient died about two days later. At the autopsy a false membrane, not removable, was found in the larynx, trachea, and larger bronchial tubes. The tonsils and upper pharynx were free. There was slight pneumonic consolidation in either lung. The case did not in the least speak against intubation.

Cirrhosis of the Liver, etc.

Dr. Frank Ferguson presented several organs removed from the body of a man who

had been a heavy drinker for about twenty years. He was healthy until three years ago, when he began to complain of occasional swelling of the feet, headache, and specks before the eyes. Three weeks before death his legs became greatly swollen, his abdomen enlarged, and his scrotum was distended to the size of an adult's head. He was admitted to the hospital semi-comatose. The autopsy, which was made just before the exhibition of the specimens, showed chronic diffuse nephritis and intense congestion of the kidneys; great hyperæmia of the stom-

ach and thickening of its lining membrane. The heart was anæmic, its left ventricle was greatly hypertrophied, but its valves were normal. The liver was cirrhotic, and seemed to be composed almost entirely of fibrous tissue. The scrotum contained a great amount of fat, and enclosed two large lipomata. The testicles were normal. The pancreas was unusually firm. Rarely did one encounter fatty degeneration of the renal capsules so distinct as in this case.

The Society adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Irritable Heart of Civil Life.

At the stated meeting of the Toronto Medical Society on April 14, 1887, Dr. William Osler, of Philadelphia, read a paper with this title, of which the following abstract is from the *Canadian Practitioner*:

This condition, though not so dangerous to life as organic disease, often gives rise to great discomfort and uneasiness. The prominent symptoms are palpitation, pain, dyspnoea, and slight enlargement. The condition is comparable to the irritable heart mentioned by Da Costa as occurring in military life, particularly among young recruits.

As regards the condition under consideration, the following is the etiological classification:

1. Toxic cases.
2. Those traceable to over-exertion.
3. Those due to sexual excesses.
4. Those accompanying neurasthenia.

The toxic agents giving rise to irritable heart are tobacco (which is the most common), tea and coffee. Young men from 18 to 25 years are most frequently the subjects of irritable heart. There is usually some slight enlargement of the organ, and the symptoms accompanying this are palpitation on exertion, more or less pain, and occasionally dyspnoea.

The reader of the paper then recited several cases illustrating this condition. The principal points in treatment were removal of the cause, rest in bed, and pot. brom. gr. xv. *ter die*. Most of the cases recovered completely.

Irritable heart from over-exertion, otherwise known as heart-strain or heat-shock, is

met with in gymnasts, as runners, rowers, etc. There are two forms of heart-strain:

(1) Acute dilatation (heart-shock) the result of an individual great and continued effort. In such cases perfect recovery never takes place, and the subjects are thereafter incapacitated for any great effort.

(2) The irritable heart is the result of persistent and repeated great exertions. This is the condition described by Da Costa as occurring in young soldiers. Gradual hypertrophy and dilatation may precede the irritability. These conditions are sometimes classified under the head of idiopathic hypertrophy and dilatation. Cardiac dropsy and murmurs may be accompanying symptoms. Chronic alcoholism and syphilis, as well as over-exertion, enter into the causation.

Sexual excess, either in the form of coitus or masturbation, induces irritability of heart. The following case is illustrative: A male, aged 26. History good. Had chewed tobacco moderately but never smoked to excess. Had lifted a good deal. Had been a masturbator and also of late had indulged in sexual excess with women. The heart-beat was hard, but not rapid when at rest. There was considerable pain in the chest. Fluttering at night was a distressing symptom. The pulsations were very variable. In recumbent posture the pulse was 74; when erect, 132. There was no murmur. Under treatment here covered in about three months.

The cases of irritable heart, occurring as a result of neurasthenia, are nearly twice as frequent in females as in men. They are accompanied by mental distress, debility, nervous dyspepsia, and, in women, uterine disease. There is sometimes a peculiar vaso-

motor disturbance, causing flushing or even lividity of various parts of the cutaneous surface. A feeling of impending death is a frequent and most distressing symptom in some cases.

Two other conditions, tachycardia, in which the pulsations reach 180-200, and Graves' disease, are forms of irritable heart.

Treatment.—Perfect rest in the recumbent posture, careful feeding, and removal of the cause, are important. The application of cold (50° or 60° F.) to the præcordia, by means of Littré's tubes, frequently allays the pain and rapid action of the heart. Galvanism has been used with some benefit in the tobacco heart. Of drugs, bromide of potassium, in doses of gr. xv. *t. d.*, has been found signally useful. Nuxvomica is also beneficial. Aconite and digitalis seem to have no special influence over this condition.

Discussion.—Dr. Graham considered that among toxic agents might be mentioned those formed in the system, especially in patients of the gouty or rheumatic diathesis. In these cases large quantities of starchy or saccharine foods, or even small quantities of alcohol, give rise to extreme irritability of the heart.

Dr. Bryce had met cases in which saccharine and starchy food caused distressing cardiac symptoms by distending the stomach.

Dr. Wilson had used nitro-glycerine and ammonia in such cases with benefit.

Dr. Zimmerman found that emp. belladonnæ over the præcordia often gave relief. Arsenic and cod-liver oil were also found beneficial. In cases of irritability due to distension of the stomach small doses of ac. carbolica are useful.

Right Upper Canine Tooth in the Left Orbit.

Dr. John Ward Cousins reports, in the *British Medical Journal*, April 23, 1887, a very interesting case of a child, 2 years old, from whom he removed a tumor of the left orbit, which proved to be a supernumerary and misplaced right upper canine tooth. The crown of the tooth was enclosed in a sac, and the fang was attached to the orbital plate by fibro-cartilage. On examination the teeth in the mouth were found in normal position, complete in number, and well formed. The jaws were also large and fully developed for a child 2 years old.

Irregularity in the number of teeth may occur in either the first or second dentition, and supernumerary teeth may spring up in any part of the dental arch. In shape these teeth are generally irregular and conical, and they bear no special resemblance to any kind

of normal teeth. Sometimes, however, they present a definite outline and accurately resemble one of the recognized forms. Instances of supernumerary incisors, canines and bicusps have been recorded, but examples of ill-shaped teeth, without possessing the characters of any special form, are of frequent occurrence in dental practice. As regards the time of eruption, supernumerary teeth are always irregular. They are generally matured long before the appearance of the permanent set, but their exact relation to the normal teeth is not well defined. They may be freaks of development in connection with either the temporary or permanent teeth. A normal permanent and a supernumerary tooth sometimes seem to hold the same relation to each other as the teeth of the first and second dentition. In the case of Dr. Cousins there was no irregularity of the teeth, but the age of the patient, and also the special characters of the tooth, clearly indicate its relation to the deciduous set.

Cases of misplaced teeth, in strange situations, have often been recorded. These irregularities, however, are not associated with any special shape of jaw, or deficiency of size in the dental arch. The teeth are generally found to occupy an inverted position on the bone to which they are attached. They have been erupted in the hard palate and in the nares, but Dr. Cousins has been unable to find an instance on record of a tooth appearing in the orbit. The occurrence of a *right* upper canine in the *left* orbit is certainly singular, and this crossed displacement must have taken place at a very early stage of embryonic life. The canine papilla appear in the primitive dental groove about the eighth week; and soon after the rudimentary pulps of the milk teeth are in rapid formation within their follicles on the edge of the jaw. At this period, a supernumerary follicle and its contents could be very readily displaced from the lip of the primitive groove, as the surrounding tissues are soft, and the rudimentary orbit and the gums are in close proximity. A supernumerary tooth-sac must always be especially liable to dislocation; and when once it gets out of the groove it may be pushed in any direction during the formation of the surrounding structures.

Epidemic of Exudative Tonsillitis in Children.

Thomas F. Raven, L. R. C. P., reports in the *Practitioner*, April, 1887, observations in regard to an interesting epidemic of exudative tonsillitis (diphtheria?) at Broadstairs.

During August and September, 1886, nearly sixty cases of exudative tonsillitis occurred, and for two months later occasionally a mild case would crop up. Almost all of them were extremely uniform in symptoms and progress, and the main characteristics were a high initial temperature, sometimes reaching 105°, flushed face, membranous patches upon one or both tonsils, pyrexia, lasting from five to seven days, clearing up of the throat appearances, convalescence, frequently succeeded by relapse (almost certainly the result of re-infection), eventual recovery, without paralytic sequelæ, or loss or impairment of the reflexes. A condition of considerable anemia and debility generally supervened, lasting for some weeks. Albuminuria was never found, and glandular enlargement was always absent.

Following ill-marked throat symptoms, three cases of acute rheumatism, with cardiac complications, presented themselves. Permanent valvular mischief resulted in each instance.

The treatment of the tonsillitis was simple, and in every case satisfactory. A solution of chlorate of potassium was freely administered, and as much air and space as could be afforded was given to each patient. While pyrexia lasted, the diet was light; subsequently it was more substantial. For the acute rheumatism, salicylate of sodium was employed, but it entirely failed; and, beyond the administration of alkalies, the treatment was of an expectant character. During convalescence, steel and quinine were required for all the patients.

Mr. Raven gives a brief and interesting review of the various theories in regard to the nature of diphtheria, and concludes that this epidemic was not one of this disease. The sudden onset and the high initial temperature, found in every case, stood in marked contrast to the depressed or scarcely elevated bodily heat, and the insidious and stealthy approaches of diphtheria. The fact of the absence of albuminuria and of glandular swelling at the angle of the jaws; that among so many cases there was not an instance of extension of the membrane to the larynx; that not a single death occurred; that in no case did any paralytic affection or loss of reflexes ensue, is against the assumption that this epidemic was one of diphtheria.

It is, as Mr. Raven remarks, difficult to prove a negative; and it might seem a higher aim to show what diphtheria is than to show what diphtheria is not. Still, experiences of this kind, if faithfully recorded,

may assist in determining the truth with regard to this important question.

Dr. Lauder Brunton and Homœopathy.

Faithful to his promise, Dr. Brunton has taken advantage of the opportunity afforded him by the appearance of the third edition of his work on Pharmacology, Therapeutics, and Materia Medica, to repudiate the charge which interested parties have brought against him of having appropriated homœopathic remedies (?) without so much as a word of acknowledgment. He points out that homœopathy consists, not in the possession of this or that medicinal agent, but in the principle upon which it is used. The mere fact that certain drugs were or were not first employed by men professing to practice on homœopathic principles is altogether irrelevant, and beside the point. Just as homœopaths can prescribe mercury or opium in homœopathic doses, and in accordance with Hahnemann's formula, so an ordinary practitioner can employ *actæa racemosa* or any other drug upon which homœopaths pride themselves without rendering himself amenable to the charge of trespassing on reserved ground. The essence of homœopathy as established by Hahnemann, says Dr. Brunton, lies in the infinitesimal dosage and the universal application of the rule *similia similibus curantur*. It is the falsity of the claim which homœopathy makes, to be in possession, if not of the universal panacea, at least of the only true rule of practice, that makes homœopathy a system of quackery. It is to be hoped that in face of this emphatic disclaimer, those persons who have for some time past striven to claim Dr. Brunton as "one of theirs" will cease their machinations, which can serve no useful purpose and, are at most a source of annoyance. This very question was exhaustively discussed in our columns some few months since, on substantially the same grounds as have now been authoritatively put forward by the eminent therapist.—*Medical Press and Circular*, April 20, 1887.

Ligation of the Innominate.

Thomas Henderson, M. B., C. M., writes from Rome to the *Lancet* of April 30, 1887:

The patient, a man of about forty-five years, was suffering intense pain from pressure by a very perceptible aneurism of the second part of the right subclavian. Other means having been tried with no good result, Professor Durante, of Rome, deter-

mined upon ligation of the innominate. Accordingly, on March 25 the operation was performed, with strict antiseptic precautions, the vessel being tied in two places, viz., immediately below the junction of the subclavian and common carotid, and again slightly lower down. The vertebral artery was also tied. The ligature used was No. 3 carbolized catgut. The result, up to the present date (April 5) has been most satisfactory. Circulation in the right upper limb and side of the head has been completely restored, and the patient's general health is good, with the exception of obstinate constipation, which may account for a rise of temperature having occurred. The external wound, excepting a small drainage aperture, has healed by first intention.

Pickle for Pathological Preparations.

We are informed that Professor Grawitz, of the Berlin Pathological Museum, has since April, 1885, been making use of a pickling liquid for the preservation of pathological specimens, and after two years' test speaks enthusiastically of its usefulness. The liquid is prepared as follows: 150 grms. of common salt, 40 grms. of sugar, and 20 grms. of salt-petre are dissolved in 1 litre of water. This solution is acidulated by the addition of 3 per cent. of boric or tartaric acid. The acid is necessary on account of the decomposition of the hæmoglobin in the tissues. When the preparation is placed in the liquid, water is added until the object sinks in it. The pickle is ready in from four to eight weeks, when the objects are taken out and placed in fresh clear pickle. The quantity of water that requires to be added is from one-third to one-half. The vessels should be filled brimful, so that when the cover is placed on, no layer of air should remain under the cover; the cover should touch the liquid.

Evisceration of the Eyeball.

The operation of Dr. Mules, of Manchester, consists in emptying the sclerotic and inserting a glass globe in the place of the contents of the eyeball. Mr. W. P. Keall, of Bristol, has modified this by substituting a hollow silver ball for the glass globe. The operation is performed in the usual way under antiseptic precautions. The cornea and adjacent ring of sclerotic are excised, the contents of the eye removed, and the internal surface of the sclerotic scraped clean. A horizontal incision of about five millimetres on either side of the sclerotic permits

the hollow ball to be fitted in, and the sclerotic is then stitched together, and the conjunctiva sewed over the whole. The results of his cases show that the silver ball is tolerated perfectly by the living tissues, and that a somewhat violent accidental blow on the eyeball after the operation produced nothing more serious than an ordinary "black eye." The cost of a silver ball is four shillings.

Sialorrhœa of Pregnancy.

M. Schramm reports a case of sialorrhœa in which, after seven hypodermic injections of pilocarpine in one centigramme doses, the salivary flux diminished but did not cease. Bromide of potash was then prescribed, and the salivation ceased. M. Schramm believes that the bromide diminishes the excitability of the glandular nerves and paralyzes the secretory fibres of the sympathetic, and the radicular filaments of the facial. One recommendation is its harmlessness to pregnant women.—*L'Union Médicale*.

Latent Pleurisy.

At a recent meeting of the Société Médicale des Hôpitaux, M. Delore presented a patient who had suffered from purulent pleurisy for three years without much inconvenience. M. Delore gave a short summary of the case, and sketched the principal characteristics of latent purulent pleurisy. The general symptoms were determined by the degree to which pus was absorbed; when the thick shell formed by the false membranes prevented absorption, no constitutional symptoms were produced.

Ointment for Ocular Neuralgias.

For the relief of severe-orbital pain following iritis, hyperæsthesia of the retina and neuralgia of the eye-balls, Dr. L. Webster Fox of Philadelphia prescribes the following ointment, which, he informs us, he has found to be of exceptional utility:

R. Morphia sulph.	gr. iv.
Chloral	gr. x.
Cocaine	gr. xx.
Menthol	gr. xxx.
Lanolin	3j.

Sig.—Apply a piece the size of a hazelnut to the temple and over the brow every hour.

—At the annual meeting of the Suffolk District Medical Society, held Saturday evening, April 30th, Dr. John Homans was elected President, and Dr. George W. Gay, Vice President for the ensuing year.

REVIEWS, AND BOOK NOTICES.

BOOK NOTICES.

A Clinical Manual of the Diseases of the Ear. By Laurence Turnbull, M. D., Ph. G., Aural Surgeon to the Jefferson Medical College Hospital, etc., with a colored lithographic plate, and numerous illustrations on wood. Second revised edition. Philadelphia. J. B. Lippincott Company, 1887. Price, in cloth, \$3.00.

It is as rare as it is pleasant to be able to record the publication of a new edition (of increased size) of such a work as the one before us, at a reduced price. Both publisher and author are to be commended for this departure. The work contains a new introduction, treating of the general pathology of ear diseases, the malformations and congenital defects of the ear, and on the auricle. The succeeding 420 pages remain unchanged, being reprinted from the old plates. Then follow 14 pages on deaf mutes, their education, and the prevention of mutism. The articulation method of teaching which is now in almost universal use, is well treated of in the work. Mr. Currick's method of education by means of the double mouth-piece ear trumpet, is not referred to, although its special value has been demonstrated. Chapter XX, a review of the causes and most successful treatment of the more frequent diseases of the ear, has been rewritten, and is especially valuable to the general practitioner. Chapter XXI, on desquamative inflammation of the meatus, the membrane and the middle ear, is new; it bestows necessary attention upon a class of cases which appear to have become more frequent. Chapter XXII is on syphilis and mumps as causes of internal ear disease, on opening of the mastoid, and on malarial otitis. There is so much ground to be covered in these 24 pages, that several chapters might easily have been devoted to it. The ophthalmoscopic examination in mastoid disease, to which the author devotes a page, is very important. The author's experience with the sulphide of calcium treatment in mastoid disease was entirely negative, and he advises opening of the mastoid in every case where we are reasonably certain that cerebral disease is due to caries, or to the retention of pus in the mastoid antrum, or the mastoid cells. There are many who would hesitate to open in every such case, but there are but few who differ with the author con-

cerning the uselessness of the calcium sulphide treatment.

In the appendix cocaine as a local anæsthetic is considered; the author has found it useful in large polypi, and in smaller growths it has "invariably proven valuable." In such cases it usually is valuable, but there are cases where it exercises no effect whatever. Peroxide of hydrogen is next considered, and its value is well illustrated. Sexton's operation for the relief of chronic inflammation of the middle ear is condemned, we believe with justice, the risk being considered as too great. Diphtheritic inflammation of the nose as a cause of deafness, and artificial membrana tympani are next considered, following which are 20 pages on the best means of illuminating the ear, nose, throat and eye, in which the author concludes that the electric light is the best, but regrets that at present it is practically unattainable.

As a whole the book before us is very valuable, and unlike many other so-called clinical manuals, is truly deserving of the title; numerous cases are given in almost every division of the book, but nowhere is the subject better illustrated by cases than in the three new chapters.

L. J. L.

Tracts on Massage, No. III—The Uses of Massage in Medical Practice. Translated from the German of Reibmayr, with Notes by Benjamin Lee, A. M., M. D., Ph. D., Secretary of the State Board of Health of Pennsylvania, late President of the American Academy of Medicine, Member of the American Medical Association, etc. Philadelphia, 1887.

This constitutes the third of a valuable series of short tracts which Dr. Lee proposes to issue for the benefit of the busy practitioner, and contains the substance of a useful little treatise by Dr. Albert Reibmayr, of Vienna, entitled "Massage and its Utilization in the Various Departments of Medical Practice." The present tract will shortly be followed by others on the Uses of Massage in the practice of "Surgery," "Midwifery," "Gynecology," and "Ophthalmology." A bibliography will be appended to each tract for the accommodation of those who desire to procure their information at first hand.

Evacuant Medication. By Henry M. Field, M. D., etc. 8vo., pp. 288. P. Blakiston, Son & Co., Philadelphia, 1887.

In the older days of medicine, the study of cathartics and emetics was carried to an extreme of minuteness, and, indeed, purging and vomiting were the aims of a large share of the medication employed. Of late

years there has been, perhaps, too little attention paid to such agencies in therapeutics. Dr. Field, therefore, who is Professor of Therapeutics in Dartmouth Medical College, has carried out a timely scheme in selecting emetics and cathartics as a theme for a monograph. He treats the subject with reasonable fulness, though rather from the observations of others than from any new experience of his own. Nevertheless, his essay is a judicious condensation of what is most certainly known of the physiological and therapeutic action of these elements of the *materia medica*.

A Manual of Weights and Measures. Second edition, revised. By Oscar Oldberg, Ph. D. 8vo. pp. 246. Charles Johnson & Co., Chicago, 1887.

This convenient little manual has already proved very useful to students of pharmacy and of medicine, and the author has availed himself of the opportunity afforded by the call for a new edition to give his work a careful revision. It will doubtless still be found by many classes of students a very convenient aid to the memory.

A Practical Treatise on Impotence. Sterility and Allied Diseases of the Male Sexual Organs. By Samuel W. Gross, M. D., etc. Third edition, thoroughly revised. Lea Brothers & Co., Phila.

This interesting and valuable work is the result of a large experience in the treatment of disorders of the genito-urinary apparatus. Its success is indicated by the fact that it has so soon reached a third edition. To handle a subject of this kind well, requires great skill and judgment, and these qualities have been exercised in the book before us, which we can heartily recommend to our readers.

Persistent Pain after Abdominal Section. By James B. Hunter, M. D., Surgeon to the Woman's Hospital, New York, Professor of Gynecology in the New York Polyclinic, etc.

This is an interesting paper. At its close the following conclusions are presented:

1. That all cases of abdominal section done for the relief of pain should be carefully followed up and observed, or made the subject of inquiry, for at least two years from the time of operation, and not counted as cured because the operation itself does not prove fatal.

2. That peritonitis in any degree after operation is to be dreaded as much for its remote consequences as for the immediate danger it threatens.

3. That extreme caution is demanded as to undertaking operations where the history or the physical condition points to the existence of chronic peritonitis.

4. That secondary operations, though sometimes justifiable, are generally of no avail; that they only occasionally afford temporary relief, and very rarely effect a cure.

5. That a guarded prognosis should be made in all cases of abdominal section done especially for the relief of pain; that the patient should be made fully aware that there are certain chances, which it is impossible to calculate, that a perfect cure may not result from even the most successful operation.

Neuritis Plantaris. A Clinical Record. By C. H. Hughes, M. D., St. Louis, Former Surgeon U. S. A.; Superintendent and Physician-in-Chief, Missouri State Lunatic Asylum; Lecturer on Neurology, St. Louis Medical College, etc.

A valuable discussion of the therapeutics of the affection named, with special reference to the applications of electricity.

The Scientific Rationale of Electro-therapy. A Revised Paper on the Therapeutic Applications of Electricity. By C. H. Hughes, M. D., St. Louis.

Tennessee State Board of Health Bulletin for the month ending March 31, 1887.

Report of the Committee on Disinfectants, presented at the fourteenth annual meeting of the American Public Health Association, held at Toronto, Canada, October 5-8, 1886.

A full account of the various methods of practical disinfection, with illustrations of apparatus employed.

A New Explanation of the Renal Troubles, Eclampsia, and other Pathological Phenomena of Pregnancy and Labor. Read (in part) before the Wash. Obst. and Gynec. Soc., Feb. 4th, 1887. By A. F. A. King, M. D., Prof. of Obst., etc., in the Med. Dept. of Columbian University, Washington, D. C., and in the University of Vermont; president of the Washington Obstet. and Gynec. Soc., etc.

The author maintains that the recognition of an oblique, dorso-anterior position of the fetus above the pelvic brim, during the later months of pregnancy, as the truly *physiological attitude* in both primiparæ and multiparæ, will open a door for the philosophical explanation of phenomena that have hitherto been puzzling and inexplicable both in the domain of pathology and physiology.

THE Medical and Surgical Reporter.

A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year, \$5.00
Quarterly Compendium of Med. Science, - 2.50
Reporter and Compendium, - - - 6.00
Physician's Daily Pocket Record, - - 1.50
Reporter and Pocket Record, - - - 6.25
Reporter, Compendium and Pocket Record, 7.00

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

Drs. RANDOLPH & DULLES,
N. E. Cor. 13th and Walnut Streets,
P. O. Box 643. Philadelphia, Pa.

THE QUARTERLY COMPENDIUM OF MEDICAL SCIENCE.

The attention of our readers is especially called to the **QUARTERLY COMPENDIUM**, which we publish. It is, in fact, a supplement to the **REPORTER**, being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician. It contains about 150 pages of reading matter in each number, and the whole four numbers, embracing 600 pages of choice material, will be sent to paid-up subscribers to the **REPORTER** for the very moderate price of

ONE DOLLAR,

in advance for the year.

Address Drs. RANDOLPH & DULLES,
N. E. Cor. 13th and Walnut Streets,
P. O. Box 643. Philadelphia, Pa.

EVACUATION OF PSOAS ABSCESS.

Edward Owen, M. B., F. R. C. S., discusses in the *British Medical Journal*, April 23, 1887, the treatment of psoas abscess, and criticises the let-alone method which was formerly so much adopted. The hope that a psoas abscess might disappear spontaneously he shows to be delusive, as this actually occurs in so small a proportion of cases that it is but a forlorn hope. In a large practice, covering many years' service in a general and a children's hospital, Mr. Owen has known this to happen only once. Even aspiration he thinks to be of no service. The only method which offers a hope of good results is free opening and thorough evacuation, and this should not be postponed until the abscess has reached the surface and thinned the skin. The abscess should be attacked as soon as treatment has brought the patient into the best possible condition for the ordeal. There should be no useless temporizing, and the operation should not be delayed until the skin has become thin and red, for during this time the pus may hollow out for itself a chasm extending from the diaphragm to Scarpa's triangle, and may insinuate itself beneath the iliac fascia or among the planes of the abdominal muscles. The smaller the abscess the less serious the inevitable operation, and the more amenable the cavity to successful treatment.

The method of evacuating psoas abscess, which he has adopted in a large number of cases, and which he recommends, is by a free anterior as well as posterior opening and by then washing and draining the cavity right through. The first opening is made close above the outer end of Poupart's ligament, using the scalpel until about an inch of the length of the fibres of the aponeurosis of the external oblique has been exposed. The fleshy attachment of the internal oblique and transversalis are then scratched through, and a director thrust into the swelling, keeping well below the level of the peritoneum. Pus escapes, and the opening is enlarged by the dressing forceps and the finger. A stiff probe is then passed through the abscess cavity and made to project beneath the skin on the outer side of the erector spine. With this as a guide, a counter-opening is made in the loin. The cavity is then flushed perfectly clean with a warm antiseptic solution, and a drainage-tube of the size of a penholder is laid through the abscess-cavity for a few days, and is afterwards replaced by a silk thread. The parts are covered with large pads of wood-wool and finely picked oakum in gauze

bags. These are kept in position by a towel arranged as a binder, which, for the sake of compression, is tightly drawn and fixed with safety pins. Next day the cavity is again washed out—under chloroform, if necessary,—the wounds being dressed as before. After this, the less the abscess is interfered with the better; if the temperature do not rise, and the discharge do not soak through, the dressings may be left on for three or four days, or longer. From the first day the discharge becomes thin and watery; suppuration in the ordinary sense of the word is at an end, and the cavity steadily contracts into a narrow passage.

If the abscess be so small that the surgeon does not feel inclined to attack it from the front, he may readily work down on it above the crest of the ilium, on the outer side of the erector spinæ muscle. The scalpel is needed only for the skin incision, the rest of the operation being performed with ease and safety by the use of a steel director and the dressing forceps.

CONSISTENT FOLLY.

There has recently been an interesting and instructive episode in the history of what is known in Philadelphia as the Women's Homœopathic Hospital. The circumstances were these: Certain of the medical staff were found to be departing in their practice from the principles of homœopathy, and were notified that this course was not agreeable to the founders and supporters of the hospital. As this notification was not heeded some further remonstrance was made by the managers of the hospital, and eight of the staff—all women—resigned. When the matter became public, the resigning physicians explained that they did not care to remain longer connected with a hospital where lay persons interfere with the work of physicians, and assume to direct what shall be prescribed. The managers had made a rule that "no medicines, except strictly homœopathic potentized remedies, should be used in any department of the hospital."

On the part of the managers it is claimed that no other course is open to them than that which they have pursued, and they deny that they have dictated to the doctors. They say the difficulty with the women physicians who have resigned is because of the use of crude and unproved drugs in the hospital, in violation of positive rules and of the principles of pure homœopathy.

The money with which the hospital has been built was given with the express condi-

tion that the institution was to be conducted in accordance with the principles of pure homœopathy, and the use of crude drugs and alcoholic liquors is directly opposed to those principles.

In this small controversy a very important principle is involved, and we congratulate the managers of the Women's Homœopathic Hospital upon the firmness with which they have insisted that their institution shall not be used as a means of deception, pretending to be homœopathic and being actually eclectic. The physicians who have resigned may know more about the use of drugs than the managers; but the latter seem to be better judges of consistency. The outcome, however, must be to show the folly and danger of the exclusive doctrines of Hahnemann.

SEXUAL STARVATION.

The interesting lecture of Dr. Lydston, which opens this number of the *REPORTER*, contains, besides other useful matter, such sensible and clear suggestions in regard to the management of certain troubles caused by prolonged celibacy, that we think it worth while to direct the attention of our readers more especially to them; and to add our own endorsement of them. There is no problem of our modern civilization which it is harder to discuss in a manner which shall be at the same time thorough and pure; and so many, who have attempted the discussion, have, from choice or necessity, sacrificed purity to the attempt at thoroughness, that we are glad to be able to present a study of the subject, which, so far as it goes, does not offend the strictest idea of propriety.

NOTES AND COMMENTS.

The American Medical Association and Journal.

The *Journal of the American Medical Association*, for May 7, 1887, contains information of great interest to members of the Association, concerning the programme of work, both in general session and in the sections at the coming meeting of the Association. The programme is as yet incomplete, and it is desirable that further reports of papers and contributors should be forwarded to the Chairman of the Committee of Arrangements as early as possible. The indications thus far point to a large meeting, and one of the most important that have been held in many years. The promised liberal reduction in railroad and hotel charges,

the central position of the place of meeting, and its easy access from all directions, are favorable for a large gathering of representatives from every section of our country. And they will certainly receive a cordial welcome from the profession and citizens of Chicago.

The Editor of *The Journal* reports that much progress has been made during the four years since the first number was issued. At that date, 1883, and for the preceding five years, the average annual receipts of the treasurer indicated less than 1,000 members regularly paying the annual membership dues, while since that period the number has increased more than three-fold, and with the receipts from subscribers and advertisers, has so increased the income that, instead of \$5,000 as in 1883, it will reach not less than \$20,000. This is a result upon which we congratulate the Association and its *Journal*.

Fœtal Therapeutics.

In an original article with this title in the *American Lancet* of May, 1887, Dr. T. C. Smith presents the following conclusions:

1. That remedies administered to the pregnant woman find their way by osmosis to the fœtal circulation, and therefore will influence the fœtus quite promptly.

2. It is probable that the influence will be proportionate to the dose taken by the pregnant woman, and we should therefore exercise care in all remedies given to such women.

3. In pregnant women with decided syphilitic taint, the continued or persevering use of proper remedies tends decidedly to preserve the viability of the fœtus to the end of the puerperal term, and to prepare its blood and tissues to be brought forth in a purer state than it possibly could be without such treatment.

4. Any recognized dyscrasia of the mother which is likely to destroy the fœtus may often be met and fœtal viability secured to the end of term.

5. In cases of fatty degeneration of the placenta, where the placental respiration is sufficient to maintain fœtal life to the end of the term, we may hope by the use of proper remedies given to the mother to increase the respiratory capacity of the placenta, and thus retain fœtal viability to the end of term.

6. Violent and threatening movements of the fœtus may be controlled by giving proper remedies to the pregnant woman.

7. The administration of any powerful

agent to the mother may lead to the death of the fœtus, if too largely given.

8. The fœtus may be affected by contagion in the pregnant woman's system, when she herself does not contract the contagious disease; as in the case of Mauriceau, as given by Leishman.

9. The fœtus is often destroyed by constitutional and contagious diseases which attack the pregnant woman, or to which she has been exposed; as in small-pox, scarlatina, rubella, etc.

10. "Occasionally the child, when thus affected, passes safely, while in utero, through a full course of small-pox, and is at length born with the pits of the disease alone remaining. I vaccinated repeatedly a person born under these circumstances, and always unsuccessfully." (Sir J. Y. Simpson's *Obstetrical Works*, vol. ii., p. 360.)

11. "This affords presumptive proof that variolous, and perhaps other contagious febrile matters, affect the body by first entering the vascular system." (Loc. cit.)

12. "The morbid matter can pass thus from the mother to the fœtus only through the medium of the circulation, for there is no communication by the nervous system between the economy of the mother and that of the fœtus." (Loc. cit.)

13. If our premises are true and our clinical experiences reliable, then, surely, we have great reason given us to see how and why we should look after the treatment of the unborn fœtus, when necessary, as well as the infant that sports joyfully on its mother's breast. The safety of both mother and fœtus may often demand this at our hands.

Iodized Starch as an Antiseptic.

England describes his preparation and use of this substance as follows in the *American Journal of Pharmacy*, for April, 1887:

Apropos of the subject of antiseptics, the author was led some months ago to advocate the use of *iodized starch* as an addition to our rapidly growing list of these compounds. Reasoning that the antiseptic activity of iodoform and bismuth subiodide must depend, in part or wholly, upon the iodine freed in their decomposition, in contact with decomposing putrescent organic matter, it was thought that if an iodized compound, readily decomposable, was subjected to the same conditions, that it would induce the same healthful process in the latter case as well as in the former. Full experience has demonstrated the value of the theory in this instance, and iodized starch is now used daily in our hos-

pital practice, and recognized as a valuable adjunct in certain forms of antiseptic treatment. It is applied in the same manner as other antiseptics, namely: first washing out the wound with pure water, and drying out as far as practicable, then thoroughly dusting in with iodized starch and covering the wound, even beyond its outer edges. The applications are generally made in the morning and evening.

On the removal of the dressings the absorption of the iodine is most strikingly shown. Whereas in the central parts of the wound, where the exuding pus or matter has come in contact with the bluish-black powder, the same has become wholly decolorized, and shows the white color of the starch, yet, around the outer limits of the dressing, where no excretive matter has exuded, the bluish-black color remains unaffected.

Comparative trials with iodoform, subiodide of bismuth, and iodized starch have demonstrated that the latter possesses valuable antiseptic qualities as a dressing; and though it may not be superior to the first two named, yet, at the same time, it has occasionally succeeded where they have given unsatisfactory results.

In its preparation the pharmacopoeial method, given under "*Amylum Iodatum*," has been followed, namely, the trituration of 5 parts of iodine with a small quantity of distilled water, and the gradual addition of 95 parts of powdered starch, until the compound has assumed a uniform, bluish-black color. Then dry at a temperature not exceeding 40° C. (104° F.), powder and bottle or box.

Pediculosis Capitis.

In a clinical lecture at the Children's Hospital, Philadelphia, reported in the *Archive of Pediatrics* for April, 1886, Dr. A. V. Meigs said: This girl, about ten years of age, is brought to us by her mother, with the statement that there is an eruption upon the head which began when the child was four years old. She states that this eruption under treatment has improved several times, but for the last two years it has been much worse. In other respects the child is perfectly healthy. An examination of the head at once reveals the presence of pediculosis. The hair is filled with lice, the *pediculus capitis*, and it is covered with nits. The secondary result of this source of irritation is eczema. In such conditions I have never been able to cure the disease without cutting off the hair. Although the lice are readily de-

stroyed, the nits cannot be removed without great difficulty, and unless the hair is cut the parasites will be as numerous as ever in a few days. The only way to accomplish a cure is to cut off the hair, and then in a few days the trouble can be relieved. Pediculosis of the head is much more difficult to cure than the same affection of the body. After the hair is cut off, the head should be thoroughly washed with a solution of corrosive sublimate in alcohol, one grain to the ounce. Although in the irritated condition of the scalp this may cause some stinging, yet it will do no harm to make one application, or possibly two. The case should then be treated as one of ordinary eczema, by the application possibly of oxide of zinc ointment. I am frequently asked if there is not danger from the use of this preparation of mercury. I have never seen the slightest constitutional effect from the use of corrosive sublimate about the head or body in persons suffering from pediculosis. This is also very efficacious in the treatment of pediculosis pubis. Here two or three applications will usually cure the trouble.

American Archæology.

Dr. Daniel G. Brinton delivered the last of an interesting and well attended series of lectures on American Archæology at the University of Pennsylvania, on Friday afternoon, the 6th instant. Speaking of "Arts and Sciences," he said: The early Americans were representatives of the stone age in most cases, although a few possessed the knowledge of metals. They were particularly clever stone workers, and the samples of their craftsmanship show them well versed in the arts of the potter. In clay moulding they were also skillful. The textile arts were practiced, such as cotton and woolspinning and weaving. Cotton was extensively raised in Mexico and Yucatan, and two species of goats were acclimatized to Peru for the sake of their wool. As to their architectural methods, the lecturer said they were not familiar with the plumb line, but adjusted their building materials merely by the eye. They were familiar with two kinds of arches, also square and rounded pillars. The lecturer called attention to the love of music that prevailed, and the astronomical progress that our American forerunners seem to have reached. They learned the length of the solar year, and in their leap years made provision for the necessary "extra day." They pursued thorough agricultural methods, and practiced fertilization and irrigation.

Dr. Brinton further referred to the extensive commerce which prevailed among the American races, and closed with a mention of their love for sports and out-door games. Early American art in general the lecturer criticised as much below that of ancient Egypt and Assyria in point of appreciation of the beautiful.

Antifebrin in the Treatment of Phthisis.

In an interesting paper in *The Medical Record* for April 16, 1887, Dr. C. H. Cauldwell reported his experience with antifebrin in the treatment of consumption. His conclusions concerning its use are as follows:

1. Antifebrin is the best drug with which to control the chill and fever of phthisis. With it we can at once check these depressing symptoms.

2. It does not produce the unpleasant effects of quinine, salicylic acid, antipyrine, thallin or resorcin.

3. Chills, collapse, or semi-intoxication are not caused by it.

4. In many patients it induces sweating.

5. It diminishes the frequency of the pulse, and usually strengthens the heart's action.

6. Occasionally it produces cyanosis. This happened but twice in thirty cases.

7. It does not interfere with digestion, but on the contrary increases the appetite.

8. Even when the stomach is in an irritable condition, it can be retained.

9. It increases the secretion of urine in the majority of cases.

10. It tends to quiet the nervous system and produce a feeling of "well being" in the patients.

Tea Poisoning.

Dr. Moton, in the *Medical Times*, in 1879, drew attention to the effect of tea on tea-tasters, and from time to time the use of the beverage has drawn forth opinions from both friend and foe—the most startling of the adverse opinions being Dr. J. R. Wolfe's paper on the softening of the vitreous humor from tea drinking—and the following which we copy from a foreign contemporary is enough to alarm even a Johnsonian tea drinker: "Russian tea merchants who, when present on the Chinese frontier for buying the article, are obliged to taste from 150 to 200 specimens of strong tea-infusions daily, do not swallow the infusion, but nevertheless a slow intoxication appears in them. The symptoms are loss of appetite, constipation alternating in diarrhoea, failure of gen-

eral nutrition, periodical epigastric pains, enlargement of the liver with subsequent atrophic cirrhosis, and dryness and sallowness of the skin, hypochondriacal frame of mind, marked failure of memory, of sight (weakness of visual acuity, sometimes diplopia), and of taste and smell.

Electrical Aids in the Treatment of Insomnia.

G. Betton Massey, M. D., writes as follows in the *Medical News* of May 7, 1886: Simple anodic faradization of the occiput is frequently attended with most gratifying results. In making this application the cathode should be placed in the position least likely to give rise to sensation (on the heel is preferable, but not on the thin skin of the instep), both poles being well moistened. The current is increased at once from the initial weakness to a strength that is distinctly felt at the anode, and is not increased further, notwithstanding the rapid fading of the sensation as the nerve ends become tolerant of the stimulus, for a gradually increasing faradic current is anything but sedative. The full effect of this application requires that the note emitted by the hammer of the interrupter shall be clear and free from quavers due to irregular vibrations.

Action of Saline Purgatives.

M. G. Leubuscher offers the following conclusion, in regard to the action of saline purgatives, after a series of experimental researches in this line:

"1. That an exaggeration of the peristaltic movement of the intestine only plays a secondary part in the action of saline purgatives.

"2. In whatever manner saline purgatives may be introduced into the intestine, the intestine becomes the site of a great secretion of liquid, which is the principal cause of the purgative action.

"3. It is impossible to claim for saline purgatives that they act as a barrier to re-absorption.

"4. Saline purgatives introduced into the circulation in sufficient quantity produce constipation."—*Edinburgh Medical Journal*.

The Average Income of the Family Doctor.

The average income of the family doctor in England, according to estimates made by Dr. E. Paget Thurstan in the *Lancet*, is £625 or \$3,125. Deducting the average working expenses and the interest on capital

sunk, the average net income is estimated at \$1,775. If there be included all the physicians having only salaries as assistants, etc., or having no practice, the average net income is placed at about \$1,000.

An average gross income of \$3,225 is very much beyond that earned by American physicians, if we include the younger men who are still striving to establish a practice. This is the natural result of the fact that we have twice as many doctors proportionately as there are in England. We have to divide the fees.

Quinine Amaurosis.

Dr. Edward Browne, of London, has lately collected eighteen cases of quinine amaurosis. The symptoms were blindness and deafness of a marked character. The deafness was brief in duration, and the recovery rapid. The onset of the amaurosis was sudden, and more complete than was known in any other recoverable condition. It resembled the dense darkness of atrophy.

Hyperemia of the retina is a very common malady these days. It may be a transient affection depending on overwork of the eye, or upon a deranged state of the stomach. In these circumstances the congestion passes away so rapidly that it is not likely to attract attention from either the surgeon or the patient.—Dr. Benj. J. Baldwin, in the *Alabama Medical and Surgical Journal*.

Important Metallurgical Discoveries of a Physician.

Dr. C. C. Carroll, of Meadville, Pa., after years of experimenting, has discovered a method by which aluminum can be cast, soldered, and welded. It is claimed by metallurgists and artisans that this is a very valuable invention, since it insures the use of aluminum for many purposes on account of its extreme lightness, strength and non-oxidation by exposure. It is already successfully employed in the manufacture of the dental plates, for which it is apparently admirably adapted. In the course of his experimenting, Dr. Carroll believes he has also discovered the law governing the disintegration of iron stringers employed in the construction of railroad bridges.

New Method of Employing Electricity in Neuralgia.

Dr. Adamkiewicz describes in the Polish journal *Przegląd Lekarski* an exceedingly effective way of applying electricity for the

relief of neuralgia of various kinds. The apparatus he uses is a constant-current battery, the cathode being a concave metal plate lined with electrical carbon, which is saturated with chloroform. This is then applied over the painful spot, and a current, weak at first, but gradually increasing in strength, passed. One or two applications of this kind were found, says the author, sufficient entirely to relieve the severest cases.

Decadence of Homœopathy.

We have the authority of the *Medical Record* that a prominent publisher of a regular medical book sells more books proportionately to the homœopaths than to regular physicians. The fact is but an addition to the accumulating evidence of decadence of homœopathy as a system of therapeutics. The number of consistent homœopaths whom the public regard as such is rapidly growing beautifully smaller, and the time is not far distant when only cranks and men who sail under the name as the pirate sails under the flag of an honest merchantman will fly the legend homœopathy on their shingles.—*The Medical Age*.

Hydrobromate of Quinine.

Hydrobromate of quinine is the subject of a long article in the *St. Petersburg Med. Wochenschr.*, by Dr. Maximo Novitch, who has for some time past been engaged in studying the relative merits of the different salts of quinine.

He considers the di-hydrobromate the most useful salt. Its advantages are greater solubility, no tendency to produce irritation of the skin when used hypodermically, its causing less cerebral annoyance, hence Jaccoud employs it exclusively in typhus. Steinitz and Professor Rosenthal recommend it for whooping-cough, hysteria, nervous vomiting, and the pains of ataxy.

Solanine.

The alkaloid extracted from *Solanum nigrum* and also from the fruit of the potato plant, is being employed to relieve acute pain and as a narcotic in the place of morphine. It is said that its administration in large doses does not occasion the nausea and vomiting which occurs frequently from the use of this latter. The therapeutic dose is from $\frac{1}{2}$ gr. to 4 grains, and $7\frac{1}{2}$ grs. have been given without any unpleasant effects. Solanine and its hydrochlorate are prepared

at the well-known laboratory of M. Mialhe, Rue Favart. The price varies from 6f. to 10f. the gramme.

Pomade for Cutaneous Disorders During Pregnancy.

Monin, in *L'Union Médicale*, of March 29, 1887, gives the following formula:

B. Zinc. oxid. pulv.	gr. iij.
Hydrarg. ammoniat.	gr. iss.
Ol. theobromi,	
Ol. ricini,	āā 3 ijas.
Ol. rosæ,	gtt. x.

This may be applied to the face morning and night.

Peroxide of Hydrogen

Is recommended by Dr. B. W. Richardson, in the *Asclepiad*, as a remedy of some value in whooping cough. He believes it to act like dilute nitric acid, subduing the spasmodic paroxysm, checking secretion, and shortening duration of the disease. It is, however, more effective than this acid. The formula employed is—hydrogen peroxide ʒvj., glycerine fʒiv., water to fʒij. Of this mixture half a fluid ounce is given in a wine-glassful of water five or six times a day.

Pure Chromic Acid.

A new form of chromic acid, prepared by Merck, and alleged to be absolutely free from sulphuric acid, and hence very slowly deliquescent in dry air, is now procurable. The acid is in the form of small dry red crystals, readily soluble in water and in alcohol. It is said that the acid in this form does not spread over the surrounding tissue, and is therefore better suited for use in places where it would be dangerous to employ the ordinary acid.

Arsenical Eruptions.

Dr. P. A. Moroon (*La France Médicale*, 11th January) has observed the following variety of cutaneous eruptions from the use of arsenic: Erythema, papules, urticaria, vesicles, pustules, ulceration, skin bronzing. In each case the discontinuance of the drug caused the disappearance of the rash.

For Blistered Feet.

Salicylic suet is used in the German army as a remedy for foot-sores, instead of the salicylic powder formerly employed. It is composed of two parts of pure salicylic acid and ninety-eight parts of the best mutton suet.

Bergeon's Method in Asthma.

At the meeting of the Philadelphia County Medical Society on May 11th, Dr. S. Solis-Cohen read a paper with this title, the full text of which we shall present in an early issue of the REPORTER.

CORRESPONDENCE.

The Use of Forceps.

EDS. MED. AND SURG. REPORTER:

I see in the REPORTER, as well as a number of other journals that come to my office, that the forceps are just now a subject of vigorous discussion, pro and con.

Dr. Mitchell, of Pennsylvania, seems to entertain a very decided distrust of, if not repugnance, to them. It is true, the doctor does not relegate them to absolute oblivion, but the faint praise bestowed upon them is equivalent to their condemnation. The literal butchering depicted, and the bloody scenes described as sequences of the use of the forceps, if "taken at their word," would certainly deter a young doctor from their use, even if he was so fortunate as to escape the "curdling of his blood" by their perusal.

Beneath this remarkable and phenomenally successful obstetrical career of Dr. Mitchell, of a life-time practice of obstetrics without the use of the forceps, lies a criticism and condemnation of all others who have felt the necessity of the aid of the forceps. If Dr. A can practice obstetrics a life-time without their use, Dr. B is unskillful, careless, or impulsive if he fails to do the same thing. The natural inference drawn from Dr. M.'s articles is that all of the torn perineums are the result of the forceps—when the truth is that the perineums of a large number of primiparæ are torn to a less or greater degree, whether the forceps have been used or the child delivered by the unaided efforts of the woman. When a solid, almost unyielding mass, four and a half to five and a half inches in diameter, is forced through an avenue or opening that is frequently not more (in its natural state) than one inch in diameter, a certain per cent. of the openings will be torn in spite of the most skillful management.

There is another side to this question: how many mothers have lost their lives or suffered from the many casualties incident to prolonged labor, such as bladder and rectal fistula, sloughing of the soft tissue of pelvis, nervous exhaustion, loss of blood, etc., etc., because of the failure to use the forceps?

How many children have been stillborn from the same cause? Your humble servant has been for a number of years engaged in "chewing the cud of bitter reflection" on account of the loss of the lives of two "confiding women" who had entrusted themselves to his care, and died *because the forceps were not used*. The first occurred when he was a young man, when torn perineum and many other imaginary ills as the result of the forceps deterred him from their use; the second was lost by being hampered by a consultant who had never used forceps, and was opposed to their use by others. I have been in practice for more than a quarter of a century, and I would advise my younger brethren to always and upon every occasion take the risk of tearing the perineum rather than lose the life of the woman. Take all risks short of that of death to her.

I must confess that I use the forceps, and as I grow older and *more cautious* I use them more frequently. I have never had an "irreparable injury" follow their use in my hands. In two cases "great gaping wounds staring me in the face," occurred where the forceps had not been used, and were not "monuments to my lack of skill and judgment," either.

On April 6, 1886, I attended a primipara through an apparently natural labor of eight hours' duration—the child weighing nine pounds. Upon the delivery of the afterbirth I found the perineum intact, but, starting just within its border on the left side, and running upward and a little to the left, was an irregular gaping tear, whose presence might have set me to "cud chewing" if I had used the forceps during delivery. But fortunately for the cud and me also, they had not been used. If they had been used this would have been a legitimate forceps "butchery," if it had been reported—the wound was full three inches in length.

Now with all deference to the judgment of other practitioners, I make the radical statement that the forceps in skillful hands, and used when indicated, are one of the greatest blessings to suffering woman.

There is no excuse or justification for their unskillful use, unless it be found in the teaching of such as oppose and condemn them, thereby preventing our young men from the careful study of their application and use.

The innumerable opportunities and facilities now open and accessible to all students of medicine, enabling them to become proficient in their profession—the almost perfect forceps that are within the easy reach of all

—and the small amount of danger in their use, seem to me a justification to the physician who resorts to them to reduce the time of the awful pangs and agonies attendant upon the labors of some women. A woman of this class, who has once been delivered by the forceps in competent hands, will beg piteously for their use, if called upon to pass again through the ordeal. There are many contingencies requiring the use of the forceps—imminent danger of laceration of the womb, alarming hemorrhage, danger of sloughing from long-continued pressure upon the soft parts, exquisite pain and spasm of the thighs and calves of legs from head pressure upon pelvic nerves, rapid exhaustion of the mother, prolapse of the cord, endangering the life of the child, retention of the child's head after the body is delivered—these, and many others, not only justify, but imperatively demand the use of the forceps when the parts are in a condition permitting their use.

J. B. HATTON, M. D.

Red Oak, Iowa.

Midwifery in the Country.

EDS. MED. AND SURG. REPORTER:

Since reading the article by Dr. Mitchell in your issue of January 22, I have taken the trouble to look up the number of actual cases of confinement that I have attended, to make sure that in approximating in my previous communication I had not seriously erred. I find that I shall be obliged to apologize for mistating; the exact number is three hundred and ninety-eight; I take back two from my former estimated labors, and ask pardon. Perhaps my experience has been a little greater in the given number of years, from the fact that I am alone in that line of practice in a country quite thickly populated, and no doctor nearer than six miles who attends confinements at all. Success in the practice of obstetrics is as necessary to build up a good business as a physician, as good sermons are to make a popular preacher; and while Dr. M.'s unusual success, as far as mothers is concerned, is excellent, having lost only one, I am happy to say that as yet I have not lost one. It doubtless is not due to particular excellence in my plan of procedure—rather to a fortunate class of cases. I always anxiously wait for a period of two or three days to elapse after completion of labor before feeling relieved in mind. I do not believe that forceps skillfully used tear any more perineums than we find in natural deliveries without their use. I have seen but one torn, and that

occurred in my practice six years ago, when so far away from my instruments that I could not get them. Does a torn perineum necessarily involve a lifetime of misery? Surely not. Surgery of these parts is productive of excellent results. What prevents the torn perineum healing when properly stitched, and when healed where does the misery come in? It really seems as though "the cud of bitter reflection" might be more appropriately "chewed" when thinking of those cases in which, the physician having "possessed his soul in patience" until exhausted nature was unable to properly perform her duty after delivery, hemorrhage takes place, and, if not death, a slow tedious recovery follows. Unless some abnormality exists, it is no more necessary to tear with forceps than to cut the lips when extracting teeth. Dr. Mitchell cannot believe any beneficial result could follow the method of treating rigid os proposed by me. If he will try it he will do no harm, and if no good follows then he can *intelligently* differ with me. Chloroform should not be given to complete anæsthesia in ordinary cases, and if not used beyond the point required to give relief, it does *not* retard labor at all. When the pains are hurried, giving the woman no rest, and only lasting long enough to barely engage the head and then giving up, it tends to diminish the frequency but increases the time occupied by the pains, thereby *hastening* the final result. I thank the Doctor for criticising my article so sharply, as it served to make me look up authorities on the subject which have strengthened me in my position.

H. L. MANCHESTER.

Pawlet, Rutland Co., Vt.

NEWS AND MISCELLANY.

Aid for the Veterinary School.

The appropriation of \$100,000 for the Veterinary Department of the University comes before the House for final passage this week. There should be no question about this appropriation in a great agricultural State like Pennsylvania. This country loses millions yearly through animal diseases, whose origin, cure, and prevention will never be discovered except by a college like that which this appropriation will keep open, for without aid it will be impossible to maintain this department of the University on its present basis.

Letting alone other states, Pennsylvania

farmers lost by disease last year, as official reports show, 35,212 milch cattle, 35,684 sheep, and 44,136 swine. This is a yearly loss—1886 returning losses one-half those of 1885—which is from two to three times as large as it would be if veterinary science were properly studied, and a very small percentage of reduction in this loss would in a few years repay the proposed appropriation a hundred-fold. If any other trade but farming were losing from 3 to 10 per cent. from causes which inquiry would remove, the Legislature would be besieged to pay for the education of experts in the hope of securing relief. We advise legislators not to neglect the farmer.

The school has thus far been most successful in its work, and its curriculum is longer and more rigorous than that required in any school of human medicine in the country. All that is asked now is buildings and the accommodations needed to carry on a growing institution. This the school should have. It is a small insurance for a State which has millions of dollars invested in domestic animals, and loses hundreds of thousands of dollars yearly from preventable diseases among them.

A Question of Medical Practice Discussed by the Supreme Court.

The Supreme Court of Pennsylvania heard argument on the fourth instant, in a case appealed from the Court of Quarter Sessions of Lebanon county.

Dr. John Ege was a regular practicing physician, residing in Reading, in Berks county; and was duly registered in that county in August, 1883, under the act of 1881. He also registered under the same Act on the 18th of May, 1885, in Lebanon county, but before this registry he had a number of patients in Lebanon county who visited and consulted him at his office in Reading, and for their convenience he occasionally visited Lebanon, giving notice of his coming, the time and place at which he could be seen and consulted, and styling himself in the newspapers as "Dr. John Ege, of No. 1002 Penn street, Reading." When he came to Lebanon he was visited and consulted by his patients at the address given in the newspaper notice, and was also visited by new patients, for whom he prescribed and was paid by them for his services. He was arrested, and was prosecuted by a committee of physicians for a violation of the Act of 1881 in practicing in Lebanon county when not registered there. A verdict of guilty was

taken by the Court. The Doctor appealed to the Supreme Court, where the case was argued. Decision was reserved.

Vaccinated Indians.

The United States sanitary inspector at Yuma, Arizona, in his report for the week ended April 16, 1887, states that the Yumas and other tribes of Indians in that vicinity have been thoroughly vaccinated and are well protected against small-pox. For the past two months they have been suffering from a severe epidemic of measles; 180 cases and 60 deaths have been reported up to April 16. They have no physician, and their vicious habits of destroying their property for the benefit of their dead, left them early in a destitute condition, without food, clothing or houses; and the great percentage of mortality may be accounted for by complications arising from exposure and want of proper food.

Japanese Cod Liver Oil.

The Japanese do not appear to be lacking in commercial enterprise. According to a note in *Nature*, the Japanese government has despatched an official of the Ministry of Commerce to Norway in order to study the cod fisheries, and the preparation of cod liver oil in that country. In the north of Japan large numbers of cod-fish appear at certain seasons of the year, and it is intended to develop this industry. Japanese cod liver oil is already known in the London market, but, doubtless, the inquiry now being made will lead to the preparation of a superior article in Japan.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS.

U. S. Marine Hospital, for the week ended May 7, 1887:

Wyman, Walter, surgeon. Detailed as chairman Board for physical examination of candidates for appointment as cadet, Revenue Marine Service, May 6, 1887.

Mead, F. W., assistant surgeon. Detailed as recorder Board for physical examination of candidates for appointment as cadet, Revenue Marine Service, May 6, 1887.

"Bill."

Physicians' prescriptions were originally called "bills." Sir Thomas More (1829) writes: "After the billes made by the greates physician God, prescrybynge the medicines himselfe"; and Butler, in "Hudibras"

(1663), says, "Like him that took the Doctor's Bill, And swallow'd it instead o' th' pill."

A Clairvoyant Sentenced.

In Philadelphia the County Medical Society is keeping irregular practitioners stirred up by instituting legal proceedings against a variety of breakers of the law for the registration of physicians. The last case is that of a man who called himself Dr. Charles Bond, an alleged clairvoyant, who was recently sentenced to one year's imprisonment for practicing without being registered.

Swiss Delegates to the Congress.

We learn that the Swiss Confederation has appointed Professor Theodor Rocher, of Berne, Switzerland, and Dr. Henry A. Banga, resident in Chicago, U. S. A., as delegates to the International Medical Congress, to be held in Washington, September 5, 1887.

The West Virginia State Medical Society Will hold its twentieth annual session at White Sulphur Springs, W. Va., July 13, 14 and 15, 1887. The Secretary is J. L. Fullerton, M. D., of Charleston, W. Va.

Items.

—Dr. Richard J. Levis has returned from his trip to Europe.

—St. Paul, Minn., reports a death-rate for 1886 of only 12 per 1,000.

—Dr. S. P. Duffield, of Dearborn, Mich., has been elected Health Officer of Detroit, to succeed Dr. Wight.

—Dr. O. W. Wight, who has been Health Officer of Detroit, Mich., for several years, sails on May 18 for Europe.

—The N. Y. Homœopathic Life Insurance Company has passed into the hands of a receiver.—*New York Medical Times*, May, 1887.

—The American Neurological Association holds its thirteenth annual meeting at Long Branch, N. J., on July 20th, 21st and 22d.

—Dr. E. C. Spitzka, of New York city, has accepted the vice-presidency of the Section of Anatomy of the Ninth International Medical Congress.

—The Penn Mutual Life Insurance Company of Philadelphia has appointed Drs. Clara Marshall and Anna Broomall examiners for a special class of risks among women.

—The Boylston Prize of the Boylston Medical Society of Harvard University has been awarded to Mr. Charles L. Scudder for an essay on "Congenital Talipes Equinovarus."

—The State Medical Society of Wisconsin will hold its forty-first annual session at Oshkosh, commencing on Tuesday, May 3d, at 8 p. m., under the presidency of Dr. S. C. Johnson, of Hudson.

—At the annual meeting of the Chicago Medical Society, held April 4th, Dr. Wm. T. Belfield was elected President; Dr. J. H. Etheridge, First Vice-President; Dr. Sarah H. Stevenson, Second Vice-President; Dr. Frank Billings, Secretary; and Dr. H. N. Moyer, Treasurer.

—The particular office of flies appears to be the consumption of those dead minute animals whose decaying myriads would otherwise poison the air. It was a remark of Linnaeus that three flies would consume a dead horse sooner than a lion could. He, of course, included the families of the three flies.

—A householder in Jersey City has brought suit to recover \$20,000 damages against City Health Inspector Benjamin and his assistants, for dumping night-soil against the rear fence of his premises. He claims that five of his children died within three days from disease contracted in consequence thereof.

—Dr. Neyron, professor of anatomy in Notre Dame University, Indiana, is the Nestor of physicians in this country. He is ninety-four years of age, and was a surgeon in Napoleon's army during the Russian campaign and at Waterloo. He is still able to conduct his classes, and few men of seventy, it is said, are so strong and active.

—Our English confrères are chafing under the carriage-tax, which in spite of efforts to secure its reduction, remains at two guineas, in some cases, amounting, it is said, to fifteen per cent. of the cost of a vehicle. To the country practitioners especially, the burden is very heavy, and prevents them from keeping a close carriage for rainy weather, and a cheaper open vehicle for fine days.—*Boston Medical and Surgical Journal*.

—The ninth annual meeting of the American Climatological Society will be held at Baltimore, on Tuesday and Wednesday, May 31st and June 1st, and we understand that interesting papers have been promised by Drs. Loomis, Trudeau, Westbrook, Shattuck, Donaldson, Musser, Curtin, and Reed, all

on phthisis in one or other of its phases. Drs. Rice and Peale will make reports on mineral springs, and Dr. Linn on some health resorts.

—The *Therapeutic Gazette* calls attention to massage as an employment especially suited to the capabilities of the blind, in whom the tactile sense is so strongly developed, and remarks that, in Japan, massage has been for a long period of time practiced by blind men, who go about the streets with a flageolet, to call attention to themselves and their occupation. It adds the hint that superintendents of blind asylums will do well to consider this as a possible avenue for labor for their pupils.

OBITUARY NOTICES.

ELLISTON R. BATEMAN, M. D.

Dr. Bateman was born in the village of Cedarville, N. J., where he died. He was the son of Dr. Robt. Bateman, deceased; and the grandson of Dr. Eli E. Bateman, deceased. He was carefully educated at Blair Hall and at Princeton college. He received his medical education under the tutelage of his grandfather; and was graduated from the Medical Department of the University of Pennsylvania in the spring of 1882. He acquired considerable practice, and was held in high esteem by many families who employed him. Never having been robust, he began, about two years since, to show symptoms of the disease which caused his death—phthisis pulmonalis. His life was unostentatious and unobtrusive; and in the church, of which he early became a member, he was rather a hearer than an aggressive worker. He leaves a wife, but no issue—his two children having died in infancy. His remains find rest in the cemetery attached to the first Presbyterian church, of which he was a member. His age was about 27 years.

ELLIOTT RICHARDSON, M. D.

It is our painful duty to announce the death, in Philadelphia, on May 9th, of Dr. Elliott Richardson, who was best known in connection with the practice of obstetrics and gynecology. He was a most careful, conscientious and competent practitioner, modest and unassuming, and a man of true worth. He had many warm friends, who will miss his presence in social gatherings and in the meetings of the medical societies to which he belonged. He had the distinction of having performed the first successful Porro operation in this country.